MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02392

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 16 - Box 126

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Route 16 - Box 126

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M. (Last) Alexander

4. DATE OF DEATH (Month) Mar. (Day) 10 - (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 14-1872
9. AGE last birthday 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? Grover
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Alexander (Son) same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

352 Antecedent cause(s) Extensive necrosis sacrum

83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) resulting from Decubitus Ulcer — unknown

(c) Paraplegia — approx. 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe inanition — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6/50, 19....., to 3/10/50, 19....., that I last saw the deceased alive on 3/9/50, 19....., and that death occurred at 5 30A m., from the causes and on the date stated above.

SIGNATURE Joseph Nicole (Degree or title) M.D. ADDRESS 422 Eastern Ave DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 13-50
NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem
LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 3/13/50
REGISTRAR'S SIGNATURE Henry Crusse
24. FUNERAL DIRECTOR John G. Connelly - 418 Eastern Ave ADDRESS Balto. 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

7

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02393

Reg. Dist. No. 31

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite — LENGTH OF STAY (in this place) 78 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hernwood Road	STREET ADDRESS (If rural, give location) Hernwood Road

3. NAME OF DECEASED (Type or Print)	(First) Thomasine	(Middle) Kent	(Last) Atherton	4. DATE OF DEATH	(Month) March	(Day) 15	(Year) 1950
5. SEX FeMale Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 25, 1869	9. AGE last birthday 80 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Thomas Kent Barber	14. MOTHER'S MAIDEN NAME Geneva Veeder						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mr. Wm. P. Atherton, Hernwood Rd., P.O., Woodstock Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Disease ?

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

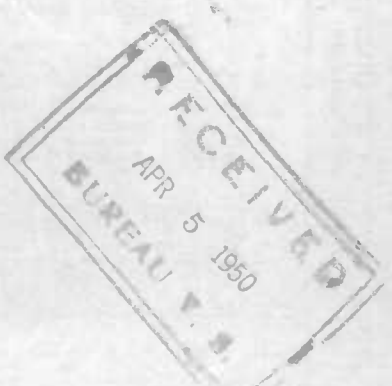
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 3/15/, 1950, that I last saw the deceased alive on 3/15/, 1950, and that death occurred at 4.30 P.m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) M.D. ADDRESS Randallstown ~~Harrisonville~~, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 18, 1950	NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	LOCATION (City, town, or county) (State) Randallstown, Md.
DATE REC'D BY LOCAL REG. 3/15/50	REGISTRAR'S SIGNATURE Wm. E. Martin	24. FUNERAL DIRECTOR E. Willis Lamoreau	ADDRESS 4510 Liberty ~~Heights Ave.~~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APR 5 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02394

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto.
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Daughters Kucharist
How long in hospital or institution? Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: Granite
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Old Court Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Elizabeth Baker

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Wm. Baker
B.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Dec. 16 - 1875

8. AGE: Years: 74 Months: 3 Days: 11 If less than one day ... hrs. ... min.

9. Birthplace: Balto. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Conrad Rehrman
13. Birthplace: Germany
MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known
16. Informant: Margaret Eaton
Address: 30 S. Elwood Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 30-50 (month) (day) (year)
Cemetery or crematory: Sacred Heart Cem.
Location: German Hill Rd.
18. Funeral director: John A. Miller
Address: 2334 Jefferson St.
19. 3/2 1950 (Date rec'd by registrar) A. W. Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 27 1950, at 5P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1 1950, to Mch 27 1950
and that I last saw h— alive on Mch 25 1950
Immediate cause of death: Acute Cardiac failure
Due to:
Due to: Cardio vascular disease
Other conditions:
422.1
93d
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. W. Kieffer MD
M. D. or other
Address: 2470 Wash. Blvd Date signed: 3-27-50

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balt. — 1800 Kittyhawk Rd — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 1800 Kittyhawk Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ed. Th	Bond	Bauer	3	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	W	1/24/1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Copeland Co. Washington	Washington D.C.	American

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L. D. Bond.	O. J. Newbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Arthur Copeland 1800 Kittyhawk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary thrombosis	1 day
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-11, 1950, to 3-13, 1950 that I last saw the deceased alive on 3/13, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. L. Kolodner MD	45 Edgewater Balt. 20	3/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-24-50	C. W. Hedrick	J. J. Brudzynski	Eastern Ave. Balto. 21, Md.

RECEIVED
AUG 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02395

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (In this place) 11 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 MURRAY HILL CIRCLE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - TOWSON
STREET ADDRESS (If rural, give location) 12 MURRAY HILL CIRCLE

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) H. (Last) BAUMAN

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 17, 1903

9. AGE last birthday: 46 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERICAL

10b. KIND OF BUSINESS OR INDUSTRY: INSURANCE

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE BAUMAN

14. MOTHER'S MAIDEN NAME: LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: VIRGINIA B. BAUMAN SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1919 (31 YEARS)

415K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93C

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March, 1950, that I last saw the deceased alive on March 7, 1950, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

John M. Scott, M.D. 8 Longwood Road March 7, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 3-9-1950 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK | LOCATION (City, town, or county): BALTO. (State): MD

DATE REC'D BY LOCAL REG. 3/8/50 | REGISTRAR'S SIGNATURE: G. N. Hedrick

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. | ADDRESS: 4905 YORK RD.

VS. A15

02396

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna
STREET ADDRESS (If rural, give location): Box 6

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) H. (Last) BAYNAM

4. DATE OF DEATH (Month) (Day) (Year): March 17 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/30/94

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Electric Power Plant

11. BIRTHPLACE (State or foreign country): Vienna, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Baynam

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW

16. SOCIAL SECURITY NO.: 217-01-1183

17. INFORMANT AND ADDRESS: Clin.Records, Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMATOSIS WITH LIVER METASTASES, ORIGINAL SITE UNKNOWN — UNKNOWN

156.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46f

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1950, to March 17, 1950, that I last saw the deceased alive on ..... 19xx, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

VA

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FT. HOWARD, MD. 3/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: March 20-50 | NAME OF CEMETERY OR CREMATORY: Vienna Cemetery | LOCATION (City, town, or county) (State): Vienna, Md.

DATE REC'D BY LOCAL REGISTRAR: March 17-50 | REGISTRAR'S SIGNATURE: Dawson L. Harbor | 24. FUNERAL DIRECTOR ADDRESS: J.J.Frampton & Sons, Federalsburg, Md.

48858

RECEIVED
MAR 20 1950
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02397

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Lutherville, Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place) 2 ½ Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Baldwin (Middle) (Peter) (Last) Beares

4. DATE OF DEATH: (Month) Mar (Day) 26- (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov-10-1878

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John U. Beares

14. MOTHER'S MAIDEN NAME: Mary Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Kate M. Temple.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Myocardial decompensation — Interval between onset and death: 2 yrs.

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension — Interval between onset and death: unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Mar 26, 1950, that I last saw the deceased alive on Mar 26, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Towson 4 Md. DATE SIGNED 3/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mar-29-1950 | NAME OF CEMETERY OR CREMATORY Fork, Methodist. | LOCATION (City, town, or county) Fork, Md. (State)

DATE REC'D BY LOCAL REG. 3-28-50 | REGISTRAR'S SIGNATURE a. w. Hedrick | 24. FUNERAL DIRECTOR John Burns Sons | ADDRESS 610 York Rd. Towson 4

COPY

CERTIFICATE OF DEATH

Registered No. 02398

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Emma E. Beaven

2. DATE OF DEATH: 3-23-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Opity Nursing Home
C. Length of stay in Baltimore: 4 Years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Cecil, Port Deposit
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Port Deposit
D. STREET ADDRESS (If rural, give location): Main St

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 2, 1862
9. AGE (In years last birthday): 87 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Stebbing
14. MOTHER'S MAIDEN NAME: Francina Kerr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Arthur Beaven, ADDRESS: 3007 Brighton St Balto. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

DUE TO

422.1 ANTECEDENT CAUSES

(B) Arteriosclerotic Cardio — 20 yrs

DUE TO Vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

93d

(C) Pulmonary edema — 5 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral arteriosclerosis, senility — 4 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Mar 23, 1950, *that I last saw the deceased alive on* Mar 23, 1950, *and that death occurred at* 11 45 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE: D R Robinson M. D.
23B. ADDRESS: 2835 Guy ness Falls Pk
23C. DATE SIGNED: 3/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3-27-1950
24C. NAME OF CEMETERY OR CREMATORY: Hopewell
24D. LOCATION (City, town, or county) (State): Port Deposit, Md, Rural

DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Lee A. Patterson & Son, ADDRESS: Perryville, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1960
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02399

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 933 Gresuch Ave. or (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) K. (Last) BEHN
4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb. 27, 1867
9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher (rtd)
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry J. T. Behn
14. MOTHER'S MAIDEN NAME: Louisa M. Hallack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): -
16. SOCIAL SECURITY No.: -
17. INFORMANT AND ADDRESS: Mrs. Wm. C. Doeing 6306 Holly Lane Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDIAL DEGENERATION. — 1-2 yrs

422.2

Antecedent cause(s) 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from May 29, 1949, to March 2, 1950 that I last saw the deceased alive on Feb. 27, 1950, and that death occurred at 5:00 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson MD ADDRESS 610. Frederick Road. Catonsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/6/50
NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: March 4th 1950
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

V28 -91

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02400

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harristown, Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harristown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md
STREET ADDRESS (If rural, give location) Harristown

3. NAME OF DECEASED (Type or Print) (First) George (Middle) — (Last) Beverley

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1950

5. SEX M. | 6. COLOR OR RACE Col. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH Jan. ? 1880 (70) yrs. | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodcarver | 10b. KIND OF BUSINESS OR INDUSTRY Cordwood | 11. BIRTHPLACE (State or foreign country) Caroline Co. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Beverely | 14. MOTHER'S MAIDEN NAME Julia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Virginia A. Beverley - Harristown Catonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Natral Insufficiency	1 yr.
	(c) Hypertension Arterio-Sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-, 1950, to 3-19-, 1950, that I last saw the deceased alive on 3-19-, 1950, and that death occurred at 900 P m., from the causes and on the date stated above.

SIGNATURE Cat Maloney | (Degree or title) MD | ADDRESS 57 Winterstone Balto. 28 | DATE SIGNED 3/19/50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF 3/22/50 | NAME OF CEMETERY OR CREMATORY Western Star | LOCATION (City, town, or county) Cemetery (State)

DATE REC'D BY LOCAL REG. 3-21-50 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR C. Halstead - ADDRESS 918 Druid Hill Ave. 9503

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02401

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: National Distillery Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 620 N. Newkirk Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) BEYER

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 30, 1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cooper

10b. KIND OF BUSINESS OR INDUSTRY: Nat. Dist. Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Beyer

14. MOTHER'S MAIDEN NAME: Anna M. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 212-07-3491

17. INFORMANT: Elizabeth B. Beyer 620 S. Newkirk St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary artery disease

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): W. J. McClafferty, M.D. — ADDRESS — DATE SIGNED: 3/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-31-50 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): 7225 Eastern Ave. Balto. Co.

DATE REC'D BY LOCAL REG.: 3/30/50 | REGISTRAR'S SIGNATURE: H. W. Hedrick DM

24. FUNERAL DIRECTOR: Charles L. Zeiler — ADDRESS: 901 S. Conkling St. Balto. MD.

496 XO

02402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Fort Howard Balto. Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 104 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration	STREET ADDRESS (If rural, give location) 223 S. Freemount Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CHRISTIAN J. BLENKER (ALSO KNOWN AS BLENKNER)

4. DATE OF DEATH (Month) (Day) (Year): March 26 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Married	2-22-88	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Davison Chemical Co.	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Blenker	Anna Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WW-1	214-20-7644 ~~unknown~~	Clinical Records VAH Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
162X	Immediate cause	(a) Bronchogenic Carcinoma	unknown
47C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Empyema, right	unknown
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 12, 1949, to Mar. 26, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX 19XXXX and~~ that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. MC DONALD, M.D.		VAH FT. Howard, Md.	3-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/30/50	Balto. National Cemetery	5501 Frederick Ave. Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/50	Alo. Hedrick	C.Wm. Kachauskas, Jr.	637 Wash.Blvd.Balto.Md

26617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02403

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 38 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 237 Bethel Court

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) S. (Last) BOULDIN

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-8-1893

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed (Junk dealer)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bouldin

14. MOTHER'S MAIDEN NAME: Emma Louise (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis, pulmonary, bilateral, far advanced	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Adeno-Carcinoma of rectum — Unknown
Syphilis, late, latent — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 2-11-, 1950., to 3-21-, 1950., ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Managh
H.C. MANAUGH, M.D. Chief Pro. Services. VAH, Fort Howard, Md. 3-21-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-24-50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG. 3/23/50

REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: CharlesR. Law, 802 Madison Ave., Balto., Md.

ADDRESS

15660

VS. A15

02404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard — LENGTH OF STAY (in this place) 119 Days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) Box 145 A

3. NAME OF DECEASED (Type or Print)	(First) LLOYD	(Middle) S.	(Last) BOYER	4. DATE OF DEATH (Month) March (Day) 3, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 25, 1895	9. AGE last birthday 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer	10b. KIND OF BUSINESS OR INDUSTRY Owner taxi service	11. BIRTHPLACE (State or foreign country) Washington County, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Boyer		14. MOTHER'S MAIDEN NAME Catherine Artz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 213-03-0952	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abscess upper lobe, left lung — 4 Mos.

521

Antecedent cause(s)

114d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 11-4-, 1949, to 3-3-, 1950 ~~that I last saw the deceased alive on 19 and that~~ death occurred at 6:54 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.		Chief Professional Ser. VAH, Ft. Howard, Md.	3-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 3/6/50	NAME OF ~~CEMETERY OR CREMATORY~~	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. MAR 5 - 1950	REGISTRAR'S SIGNATURE Dr. Dawson L. Fache	24. FUNERAL DIRECTOR Mildred S. Blight 6009 Harford Rd Howard Blight Funeral Home,	ADDRESS Balto., Md.

Shipped to: Norment Funeral Home 308 S. Potomac St., Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1950

02405

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 FUSTING AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural, give location) 4 ENGLEWOOD RD.

3. NAME OF DECEASED (Type or Print) (First) REBEKAH (Middle) N. (Last) BROGDEN
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH AUG. 11, 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Commercial Artist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES McCOLLOH BROGDEN
14. MOTHER'S MAIDEN NAME ELEANOR ADDISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS. H.C. BROGDEN (ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Myocardial Insufficiency — 1 mo

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertensive Cardio-Vascular Disease — 15 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3/, 1947, to 3/12, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Wilson K. Gallager (Degree or title) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3-14-1950
NAME OF CEMETERY OR CREMATORY TRINITY CEM.
LOCATION (City, town, or county) LONG GREEN (State) MD.

DATE REC'D BY LOCAL REG. 3/13/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR H.W. JENKINS & SONS ADDRESS 4905 YORK RD. BALTO. 12

V0083

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6209 FREDERICK AVE

Evidence for chang in #18 shown on:

FILM No. G 126 MAY 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02406

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 47 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Alleghany Ave.	STREET ADDRESS (If rural, give location) 507 Alleghany Ave.

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Lydia	(Last) Burns	4. DATE OF DEATH	(Month) March	(Day) 11	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH March 13, 1870	9. AGE last birthday 79 yrs.	If under 1 year Months 11	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired None Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Pri None Residence	11. BIRTHPLACE (State or foreign country) Pennsylvania, U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Burns		14. MOTHER'S MAIDEN NAME Katherine Kantz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. —	17. INFORMANT Sister: Miss Doris Burns	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Heart disease, vascular, coronary - many attacks ~~and~~ anginal	12 yrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ~~Grippe~~ Catarrhal, upper respiratory infection. (5-25-50 - ams)	1 week
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1938, to March 11, 1950, that I last saw the deceased alive on March 10, 1950, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	MD.	Towson Md	3/11/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF Mar. 13, 1950	NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEMETERY	LOCATION (City, town, or county) (State) TOWSON, MARYLAND
DATE REC'D BY LOCAL REG. 3/11/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MARYLAND.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

8552 Phila. Exp 1233

MARYLAND STATE DEPARTMENT OF HEALTH

02407

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Goeller Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 7 Goeller Ave

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) E. (Last) Buschman

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/28/1882

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold B. Phillips

14. MOTHER'S MAIDEN NAME: Emma Scarf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John D. Buschmann 7 Goeller Ave - Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Diabetes Mellitus — 1 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1950, to 3-25, 1950, that I last saw the deceased alive on 3-25, 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Baumgardner MD Balto 6 Md 3-27-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: 3/29/50

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/28/50

REGISTRAR'S SIGNATURE: A. W. Hadwick DR

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

02408

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Allegheny Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 507 Allegheny Avenue

3. NAME OF DECEASED (Type or Print) (First) Keturah (Middle) (Last) Burns

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 7, 1861
9. AGE last birthday 89 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Seamstress
10b. KIND OF BUSINESS OR INDUSTRY Institutional
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Burns
14. MOTHER'S MAIDEN NAME Katherine Krantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Conrad Sohn, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cardio-renal-vascular disease (with decompensation) 7 days	10 yrs approx.
442 × Antecedent cause(s)			
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Intestinal obstruction, cause undetermined, with toxemia	7 days
	(c)	Senile changes	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1938, to March 4, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE Rollin C. Hudson Md. (Degree or title) ADDRESS Towson Md DATE SIGNED 3/6/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Mar. 7, 1950
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.
LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REG. 3-6-50
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

Per. g.

434-92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
U.S. PATENT OFFICE

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02409

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grey Manor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2808 McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grey Manor
STREET ADDRESS (If rural, give location) 2808 McComas Ave.

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) Ellen (Last) Callahan

4. DATE OF DEATH (Month) March (Day) 18, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 25 Feb. 1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gladehill, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wiley T. Brooks
14. MOTHER'S MAIDEN NAME Martha P. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Harry N. Callahan, (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	1 wk
443 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy	3 yrs.
93d	(c) Arterial hypertension	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1947, to 18 March 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 2:15 m., from the causes and on the date stated above.

SIGNATURE Bu Sowd (Degree or title) M. D. ADDRESS 2900 Dunsan Rd Dundalk DATE SIGNED 19 March '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 21 Mar. 1950
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Walter Brooks Bradley, Dundalk, Md. ADDRESS

Evidence for addition of 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

02410

CERTIFICATE OF DEATH

FILM No. G 125 APR 6 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veteran's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 310 Townsend Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FREDERICK	H.	CARBACK	March	27,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	July 8, 1909	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machanic
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Motors Corp.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Carback
14. MOTHER'S MAIDEN NAME: Emma Yent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Hilda Carback 310 Townsend Rd. Essex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion (4-6-50 -- ams)

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Earl Royer M.D. per. W. J. McClafferty, M.D. (Degree or title) ADDRESS: 700 Fleet Street, Balto. 2, Md. DATE SIGNED: March 28, '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar 30/50
NAME OF CEMETERY OR CREMATORY: LA Matthews
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 3/29/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Phillips Service Sons
ADDRESS: 2024 Orleans St

33239

02411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6827 Dunhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6827 Dunhill Road

3. NAME OF DECEASED (Type or Print) (First) Levin (Middle) Penn (Last) Carey

4. DATE OF DEATH (Month) March (Day) 3, (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH April 18, 1867
9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Fruitland, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Handy Carey
14. MOTHER'S MAIDEN NAME Charlott Bussels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Frank W. Carey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral Accident	6 days
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) A-S-C-V. Disease	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1950, to March 3, 1950, that I last saw the deceased alive on March 2, 1950, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M B Davis MD 6800 Mornington Road - Dundalk - 22 - Md 3/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 5, 1950
NAME OF CEMETERY OR CREMATORY St. Johns Methodist
LOCATION (City, town, or county) (State) Fruitland, Md.

DATE REC'D BY LOCAL REG. March 4-1950
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR ADDRESS Roland L. Fisher, Dundalk, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1950

02412

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Highlands
LENGTH OF STAY (in this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2905 Michigan ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Highland
STREET ADDRESS (If rural, give location) 2905 Michigan ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Robert (Last) Christopher

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/14/84
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Balto Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Christopher
14. MOTHER'S MAIDEN NAME unknown Tarbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-07-4004
17. INFORMANT Mrs John R Christopher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure

423.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c) Cardio vascular disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. W. Kieffer (Degree or title) Mr. Dep. Med Exam Balto. Co. ADDRESS 1010 Leeds ave DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/25/50
NAME OF CEMETERY OR CREMATORY Camp Chapel Meth.
LOCATION (City, town, or county) Balto. Co (State) Md.

DATE REC'D BY LOCAL REG. 3-23-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

458V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

02413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Monkton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wesley Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton. (Rural)
STREET ADDRESS (If rural, give location) Wesley Chapel Rd

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Deye (Last) Cockey
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 5, 1884
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua H. Cockey
14. MOTHER'S MAIDEN NAME Annie Hutchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Mabel M. Cockey, Monkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 12, 1950, to Mar 12, 1950, that I last saw the deceased alive on Head on arrival, 19..., and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton Md DATE SIGNED 3/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-14-50
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) (State) Monkton Balto Md.

DATE REC'D BY LOCAL REG. 3/13/50
REGISTRAR'S SIGNATURE Anna Pearce Price
24. FUNERAL DIRECTOR Landon M Brooks, Sparks, Md ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
BUREAU Y. S.

50
84
66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C2414

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Fort Howard Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LOUIS K. COHEY

4. DATE OF DEATH (Month) (Day) (Year) March 27 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6-7-96
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver
10b. KIND OF BUSINESS OR INDUSTRY Oil Truck
11. BIRTHPLACE (State or foreign country) Ingleside, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Cohey
14. MOTHER'S MAIDEN NAME Jennie Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Clinical Records VAH FT. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	4days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease with myocardial infarction and pericarditis	
82	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amyotrophic lateral sclerosis — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Mar. 23, 1950, to Mar. 27, 1950, ~~that I last saw the deceased alive on~~ ~~and~~ that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Mss H. C. Manaugh
H. C. MANAUGH, M.D. CHIEF, PROFESSIONAL SER. VAH FT. HOWARD, MD. 3-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/31/50
NAME OF CEMETERY OR CREMATORY Crumpton Cemetery
LOCATION (City, town, or county) (State) Crumpton, Md.

DATE REC'D BY LOCAL REG. 3-27-50
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR Edgar Lane Funeral Home, ADDRESS Church Hill, Md.

420 17

RECEIVED
MAR 29 1960
BUREAU V. S.

Evidence for addition of 21 shown on: FILM No. G 12 MAR 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C2415

Reg. Dist. No. 41

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs
Hospital, Institution, or street address where death occurred:
103 Polanski Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)
Street No. 103 Polanski
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Willie F. Coleman

3.(b) Social Security Number 216-09-5278

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Married

6.(b) Name of husband or wife: Alma Harris Coleman
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): March 8, 1899

8. AGE: Years	Months	Days	If less than one day
51	0	7	2 hrs. 15 min.

9. Birthplace: Cumberland, Va. (Town, county, and state)
10. Usual occupation: Rigger
11. Industry or business: Steel Plant
FATHER 12. Name: Creed Coleman
FATHER 13. Birthplace: Cumberland, Va.
MOTHER 14. Maiden name: Lottie Robinson
MOTHER 15. Birthplace: Cumberland, Va.
16. Informant: Mrs. Alma Harris Coleman
Address: 103 Polanski Ave Balto, 22 Md.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 3-19-50 (month) (day) (year)
Cemetery or crematory: Mt. Zion Cemetery
Location: Cumberland, Virginia
18. Funeral director: CHARLES R. RAW
Address: 802 MADISON Ave - Balto. 1, Md.
19. 3/16 1950 (Date rec'd by registrar) C. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15, 1950, at 7 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15, 1948, to March 15 1950 and that I last saw him alive on March 15, 1950

Immediate cause of death	DURATION
(a) Respiratory Failure	6 hrs
Due to (b) Broncho-pneumonia	4 days
Due to (c) Pulmonary Tuberculosis (3-20-50 - ams)	3 yrs. (History)
Other conditions	

002 X
13b (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: William C. Hale, M.D. M. D. or other
Address: 140 Oak Ave #22 Date signed: 3-15-50

Additional informations on Cause of Death reported by the physician, without request from this office. ams 3/20/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02416

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore.
STREET ADDRESS (If rural, give location): 4140 Roland Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Samuel	A.	Coulter		March	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/7/1897	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Store Keeper	Owner	Leechburg, Pa.	USA

13. FATHER'S NAME: Emmanuel James Coulter

14. MOTHER'S MAIDEN NAME: Laura E. Hanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I	194-03-9745	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 **Immediate cause** (a) CHRONIC NEPHRITIS — Interval between onset and death: Unknown

131 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-10-, 1950, to 3-5-, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 8:40AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	3-6--50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/50	Druid Ridge Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/6/50	A.W. Bednick	Wm. J. Tickner & Son, Balto., Md.

15679

02417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 30 E 26th. St.,

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) B (Last) COUNSELMAN Jr.
4. DATE OF DEATH (Month) March (Day) 28, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-25-88
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Police
10b. KIND OF BUSINESS OR INDUSTRY United Police Fruit Co.
11. BIRTHPLACE (State or foreign country) Houston, Del.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Counselman
14. MOTHER'S MAIDEN NAME Laura Killian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 219-01-2965
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
201 Immediate cause	(a) Acute Diffuse Hodgkins' Disease	unknown
44 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 3-14-, 1950, to 3-28-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh H.C.MANAUGH, M.D. CHIEF, PRO. SER. (Degree or title)
ADDRESS VAH, Ft.Howard, Md.
DATE SIGNED 3-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF MARCH 31 /50
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 3/30/50
REGISTRAR'S SIGNATURE H.W. Hedrick Dr
24. FUNERAL DIRECTOR Chas G. Evans Son Inc 118 W. Mt. Royal Ave. Balto 1 - Md
ADDRESS

60683

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02418

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Murray Hill Circle

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 20 Murray Hill Circle

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Grahame (Last) Courtney

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6/18/1896

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas John Grahame

14. MOTHER'S MAIDEN NAME: Gertrude Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Berkley Courtney - 20 Murray Hill Cir- c/o

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.1 **Immediate cause** (a) Heart disease, chronic myocarditis — Interval between onset and death: Autumn

930 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholism, chronic; recently acute — 2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin C. Hudson M.D., D.M.E. Towson Md 3/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/11/50 | NAME OF CEMETERY OR CREMATORY: All Saints Church Cem. | LOCATION (City, town, or county) (State): Sunderland, Maryland

DATE REC'D BY LOCAL REG. 3/10/50 | REGISTRAR'S SIGNATURE: A. W. Beaver

24. FUNERAL DIRECTOR ADDRESS: WM. J. TICKNER & SONS Balto., Md.

VS: A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02419

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural) — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural)
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) Loretta (Middle) M. (Last) Cromwell

4. DATE OF DEATH: (Month) MAR. (Day) 9 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Nov 9/01

9. AGE last birthday: 49 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Albert Mays

14. MOTHER'S MAIDEN NAME: Elizabeth Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Carmen Cromwell, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast. — Interval between onset and death: 2 years.

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Mar. 9, 1950, that I last saw the deceased alive on Mar. 9, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE: A. W. France (Degree or title) M.D. — ADDRESS: Parkton, Md. — DATE SIGNED: 3/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-11-50 — NAME OF CEMETERY OR CREMATORY: Fosters — LOCATION (City, town, or county) (State): Hereford Balto Co. Md.

DATE REC'D BY LOCAL REG. 3/10/50 — REGISTRAR'S SIGNATURE: Wilmer C Ensor

24. FUNERAL DIRECTOR — ADDRESS: Landon M Brooks, Sparks, Md

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02420

1. PLACE OF DEATH:

County: Baltimore

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 24 Riverside Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Selena M. Curry

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Harry W. Curry

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 10, 1903

8. AGE: Years: 46 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: New Castle, Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: William Lewis
13. Birthplace: Wales

MOTHER
14. Maiden name: Agnes Johnson
15. Birthplace: Youngstown, Ohio

16. Informant: Mr. Harry W. Curry
Address: 24 Riverside Road

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 20/50 (month) (day) (year)

Cemetery or crematory: Oak Park Memorial Cem.

Location: New Castle, Pa.

18. Funeral director: Loring Byers

Address: 5005 Ash Hights Ave.

19. 3-17 1950 (Date rec'd by registrar) a. w. Hedrick wh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/16 1950 at 7:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1949 to 3/16 1950 and that I last saw her alive on 3/16/1950

Immediate cause of death: Rheumatic Endocarditis — DURATION: 20 yrs.

Due to

Due to

Other conditions: 414 92c
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: D. T. Battaglia MD (BATTAGLIA) M. D. or other

Address: 5829 Belair Rd Date signed: 3/16/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02421

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford-Hamilton P.O. / LENGTH OF STAY (In this place) Life HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford-Hamilton P.O. (Rural) STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Harry	Christopher	Curtis		Mar.	17	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		10-8-1902	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Transportation	Balto Co. Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Curtis	Frances Naylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Peter Henry Naylor, Hamilton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis, bilateral	years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 16, 19 50, to March 17, 19 50, that I last saw the deceased alive on March 17, 19 50, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elizabeth B. Hurwitt	M.D.	Cockeysville, Md	3-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 19, 1950	Falls Rd Chapel	Falls Rd., Sparks, Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March. 21-1950	Mrs Howard D. Marbaine	Landon M. Bowles	Sparks, Md

42060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02422

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Midship Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 17 Midship Road

3. NAME OF DECEASED (Type or Print) (First) Silas (Middle) C. (Last) Darr
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH May 17, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tag Maker
10b. KIND OF BUSINESS OR INDUSTRY Beth Steel Co.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Darr
14. MOTHER'S MAIDEN NAME Sadie Clites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Clara T. Darr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs —

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N B Davis Mr Depr Med. Examiner Dundalk Md 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 21, 1950
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. 3/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Roland L. Fisher, Dundalk, Md. ADDRESS

98824

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02423

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ridgeway Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Ridgeway Road

3. NAME OF DECEASED (Type or Print): (First) Susanna (Middle) W. (Last) Dean

4. DATE OF DEATH: (Month) Mar. (Day) 14, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 27, 1853

9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Harward

14. MOTHER'S MAIDEN NAME: Elizabeth R. Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Elizabeth R. Morton, Forest Glen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	1 da.
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	1 mo.
	(c) Chr. Hypertensive Cardio-Vascular Disease	15 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1940, to 3/14, 1950, that I last saw the deceased alive on 3/13, 1950, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville-28, Md. 3/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-17-50 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Harford Co., Md.

DATE REC'D BY LOCAL REG. 3-16-50 — REGISTRAR'S SIGNATURE: a. w. Nedrich

24. FUNERAL DIRECTOR — ADDRESS: G. Howard Strong 3207 W. North Ave.,

Dr Wm. M. Gallager
6209 Peach Ave
Cat 7444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2424

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4107 La Salle ave

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) F. (Last) DeGREIF
4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 19, 1903
9. AGE last birthday: 46 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Philip DeGreif
14. MOTHER'S MAIDEN NAME: Mary Kuehner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-03-9748
17. INFORMANT: Lora E. DeGreif (wife) Ave. 4107 LaSalle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 15 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1949, to March 4, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 11 35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Gudner M.D. ADDRESS Reisterstown Md. DATE SIGNED 3/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/7/50
NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.
LOCATION (City, town, or county) (State): Randallstown Md.

DATE REC'D BY LOCAL REG. 3/6/50
REGISTRAR'S SIGNATURE: A W. Hopkins
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

27088

FILM No. G 125 MAR 31 1950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 02425 45

Evidence of change of age shown on: Film G125 3/31/50.

BIRTH NO. (OVER)

1. NAME OF DECEASED (Type or Print): (LAST NAME) Della Volpe (FIRST NAME) Carmella Carmella

2. DATE OF DEATH: 3/24/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 Wampler Rd
c. Length of stay in Baltimore: Yrs. Mos. Days

815 Wampler Road Balt 20 md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: N.J.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Widow	6-10-1886	63 77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.

17. INFORMANT: Nicholas Volpe ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

(B) Arteriosclerotic Heart Disease

DUE TO

(C) cerebral arteriosclerosis

420.0 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

93d

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3 *, 19*50*, to* 3/24 *, 19*50*, that I last saw the deceased alive on* 3/24 *, 19*50*, and that death occurred at* 1:30 *A. m., from the causes and on the date stated above.*

23A. SIGNATURE: Joseph J. Cameron M. D.
23B. ADDRESS: 30 Chanville Rd #20
23C. DATE SIGNED: 3/24/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal
24B. DATE: Mar. 26-49
24C. NAME OF CEMETERY OR CREMATORY: Fair View Cemetery
24D. LOCATION (City, town, or county) (State): Red Bank New Jersey

DATE RECEIVED BY LOCAL REGISTRAR: 3/24/50
REGISTRAR'S SIGNATURE: Henry Cruse
25. FUNERAL DIRECTOR: John G. Connelly ADDRESS: Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BIRTH NO. 02426

1. NAME OF DECEASED (Type or Print): ELSIE N. DICKERSON

2. DATE OF DEATH: Mar. 17, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland BALTIMORE COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 366 Colchester Rd.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore COUNTY
D. STREET ADDRESS (If rural, give location): 366 Colchester Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Feb. 15, 1881
9. AGE (In years last birthday): 69 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cadmus Messick
14. MOTHER'S MAIDEN NAME: Alice Malone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. William C. Dickerson — ADDRESS: Cambridge, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Sclerosis — 1943

DUE TO

592 ANTECEDENT CAUSES

(B) Chr. Myocarditis — 1943

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

131a

(C) Chr. Interstitial Nephritis — 1943

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1945, *to* Mar 17, 1950, *that I last saw the deceased alive on* Mar. 15 1950, *and that death occurred at* 7 15 A. *m., from the causes and on the date stated above.*

23A. SIGNATURE: Paul Brown M. D.
23B. ADDRESS: 1663 W North Ave.
23C. DATE SIGNED: 3-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 3/19/50
24C. NAME OF CEMETERY OR CREMATORY: Tyaskin Meth. Cem.
24D. LOCATION (City, town, or county) (State): Tyaskin, Md.

DATE RECEIVED BY LOCAL REGISTRAR: March 18th 1950
REGISTRAR'S SIGNATURE: R. W.
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS, Balto., Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02427

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Pike; MARYLAND; LENGTH OF STAY (In this place) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix (Rural); STREET ADDRESS (If rural, give location) Jarrettsville Pike

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) Owens (Last) Dickinson

4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: Jan 31, 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto. Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Owens

14. MOTHER'S MAIDEN NAME: Lillie Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Edward Dickinson, Phoenix, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 × Immediate cause (a) Acute pulmonary edema — Interval Between Onset and Death: 5 hrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - arteriosclerotic cardio-vascular disease — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to March 14, 1950, that I last saw the deceased alive on March 14, 1950, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sturrill (Degree or title) M.D. ADDRESS: Cockeysville, Maryland DATE SIGNED: 3/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar. 17, 1950 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Long Green Balto Co., Md

DATE REC'D BY LOCAL REG. 3/15/50 | REGISTRAR'S SIGNATURE: Anna Pearce Price

24. FUNERAL DIRECTOR: Landon M. Brooks, Sparks, Md ADDRESS

RECEIVED
MAR 17 1950
BUREAU V. S.

M

02428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton, Md. R.D. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore Co. COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frederick B. Dickmyer.-

4. DATE OF DEATH (Month) (Day) (Year): March 16 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)

8. DATE OF BIRTH: January 8, 1860

9. AGE last birthday: 90 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Freeland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Dickmyer

14. MOTHER'S MAIDEN NAME: Barbara Baker.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Henry Dickmyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1150.0 Immediate cause (a) Mitral Regurgitation

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Oedema of Lungs

(c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1950, to 3/16, 1950, that I last saw the deceased alive on 3/16, 1950, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L Yagle ADDRESS: New Freedom Pa. DATE SIGNED: 3/17-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF: 3/19/50 NAME OF CEMETERY ~~OR CREMATORY~~: Stiltz LOCATION (City, town, or county): Stiltz (State): Penna.

DATE REC'D BY LOCAL REG. 3/17/50 REGISTRAR'S SIGNATURE: Charles L Fuelton

24. FUNERAL DIRECTOR: J Jacob Hartenstein ADDRESS: New Freedom, Penna.

ODOW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(2429)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural) — LENGTH OF STAY (If this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural)
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Emory	Diven	Mar.	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W		July 28 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stonemason	Self employed	Balto Co. Md	USA

13. FATHER'S NAME John T. Diven — 14. MOTHER'S MAIDEN NAME Margaret Wooden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT William Diven, Gamain, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to March 13, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Diven	Doctor M.D.	White Hall	3rd

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 15 1950	Fosters	Hereford, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 16 1950	Mrs Howard S. Marshall	Landon M. Brooks	Sparks, Md

306V9

RECEIVED
MAR 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02430

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roldrew Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural, give location) Roldrew Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Francis (Last) Dohony
4. DATE OF DEATH: (Month) Mar. (Day) 6, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1885
9. AGE last birthday: 64 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R. Tower
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Joseph Dohony
14. MOTHER'S MAIDEN NAME: Mary Agnes Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Margaret Dohony, Riderwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	9 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Renal Vascular Disease	10 yrs
	(c)	

442X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949 to March, 1950; that I last saw the deceased alive on 3/6, 1950 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles F. O'Donnell	M.D.	7301 York Rd Towson	3/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 9, 1950	St. Johns ~~for~~ Catholic	Long Green, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/8/50	A. W. Hodgson	John Burns' Sons,	Towson, Md.

24047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C2431

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Catonsville Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) B (Last) DONALDSON

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: 3-31-1877 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife None | 10b. KIND OF BUSINESS OR INDUSTRY: None. | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Dove | 14. MOTHER'S MAIDEN NAME: Virginia Kennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. none | 17. INFORMANT: Mrs. Oliver Hanley Mt Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive arteriosclerotic cardiovascular disease | 4-5 yrs +

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 48, to 4 Mar, 19 50, that I last saw the deceased alive on 2 Mar, 19 50, and that death occurred at 2.25 P m., from the causes and on the date stated above.

SIGNATURE: John A Herbert Jr. (Degree or title) | ADDRESS: 20 E. Preston St, Baltimore 2, Md | DATE SIGNED: 4 Mar 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-7-1950 | NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery | LOCATION (City, town, or county) (State): Mt Airy Md.

DATE REC'D BY LOCAL REG. 3-6-50 | REGISTRAR'S SIGNATURE: V E. Harris | 24. FUNERAL DIRECTOR: C M. Walty | ADDRESS: Winfield, Md.

RECEIVED
MAR 8 1950
BUREAU U. S.

02432

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 610 N. Calvert Street

3. NAME OF DECEASED (Type or Print) (First) MICHAEL (Middle) S. (Last) DOUGHERTY
4. DATE OF DEATH (Month) March (Day) 26, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 7-8-92
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Dougherty
14. MOTHER'S MAIDEN NAME Elizabeth (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage right — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H M Carmine MD (Degree or title) Deputy Medical Examiner ADDRESS Balto Co. Dundalk 22 Md DATE SIGNED 3/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/29/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 3-28-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Howard Blight Funeral Home, Balto., Md. ADDRESS

Mildred T. Blight 6009 Harford Rd 74099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02433

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

wh 3-28-50

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevenson
STREET ADDRESS (If rural give location) Hillside Road

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) E. (Last) Eckert

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 11-24-1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Slembaker

14. MOTHER'S MAIDEN NAME: Catherine E. Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wm. F. Eckert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 12 Hrs.

Antecedent cause(s)

83x Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterial Hypertension — Years

(c) Arterio Sclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from For Several Years to 3-23, 1950, that I last saw the deceased alive on 3-23, 1950, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr E E Nichols Pikesville Baltimore 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-27-50 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3-24-50 — REGISTRAR'S SIGNATURE: Dr. E. E. Nichols

24. FUNERAL DIRECTOR — ADDRESS: Paul C. Chenoweth, Jr. 3615-17 Chestnut Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C2434

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 623 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural, give location): 623 Dunkirk Rd

3. NAME OF DECEASED (Type or Print): (First) LINA (Middle) E (Last) ELGERT
4. DATE OF DEATH (Month) (Day) (Year): Mar 27 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 1 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): Accomac Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison
14. MOTHER'S MAIDEN NAME: Rachael Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wm H Elgert 623 Dunkirk Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlussion	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 years
	(c) Advanced Arteriosclerosis	10 years

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15th, 1945, to March 27, 1950, that I last saw the deceased alive on March 20th, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. L. Gordy (M.D.) — ADDRESS: 5106 Harford Rd Balto 14 — DATE SIGNED: 3-27-50 — md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar. 29/50
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 3/28/50
REGISTRAR'S SIGNATURE: P.S.
24. FUNERAL DIRECTOR: Henry H Jenkins & Sons Co — ADDRESS: 4905 York Rd

Dr L. L. Gordy
5106 Harford Rd

02435

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeyville
LENGTH OF STAY (In this place) 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oregon Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Oregon Road.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Ephram (Last) Ellison
4. DATE OF DEATH (Month) March (Day) 24 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 4 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General House Bldg.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George J Ellison
14. MOTHER'S MAIDEN NAME Emily Jane Bloom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Yingling, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) Gunshot wound to head. Suicide. Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma throat [illegible]mo.

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D. ADDRESS DME Towson Md. DATE SIGNED 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Swartz
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. 3/25/50
REGISTRAR'S SIGNATURE Wilmer C Ensor
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md. ADDRESS

30849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 28 1950
BUREAU V. S.

Evidence for change of birth date shown on:

FILM No. G 124 MAR 15 19[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02436

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Fullerton P.O. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Philadelphia Rd - Fullerton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt. - Fullerton P.O.
STREET ADDRESS (If rural give location) Old Philadelphia Rd. - Fullerton

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) EURICE

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 5, 18[illegible]77

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sullivan

14. MOTHER'S MAIDEN NAME: Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: son - Henry Eurice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular accident

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to March, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas A. Eskalon M.D. 1 Dibedral Dr. Balto 20 March 4, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/8/50

NAME OF CEMETERY OR CREMATORY: St. Joseph's Cem

LOCATION (City, town, or county) (State): Balto. Co Md.

DATE REC'D BY LOCAL REG. 3-6-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Lucas Funeral Home

ADDRESS: 7401 Belair Rd.

VS. A15

RECEIVED
1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02437

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1245 Beechwood Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Burkey (Last) Evans
4. DATE OF DEATH (Month) Mar (Day) 18 (Year) 1950
5. SEX Fem.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 18/1913
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Hope.
11. BIRTHPLACE (State or foreign country) Dillings Montana.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Frank Hanmore
14. MOTHER'S MAIDEN NAME Mary Jane Burkey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Clarence F. Evans.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c) Generalized arthritis — Over 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 25 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCormine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto Co. Dundalk 22. Md DATE SIGNED 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/21/50
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 3/20/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR William Cox Inc ADDRESS 1211 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C2438

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Baltimore

City or town: Arbutus

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, Institution, or street address where death occurred: 1002 Leeds Ave

How long in hospital or Institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Balto.

City or town: Arbutus Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1002 Leeds Ave

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Francis D. Flannery

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife: –

6.(c) If elivs, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 11th 1873

8. AGE: Years	Months	Days	If less than one day
77	1	26	..... hrs. ..... min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Salesman Retired

11. Industry or business: For Self Jewelry

FATHER 12. Name: Patrick Gp Flannery

FATHER 13. Birthplace: Baltimore Md.

MOTHER 14. Maiden name: Sarah J Glennon

MOTHER 15. Birthplace: Landsdowne Md.

16. Informant: Mrs Edith J Vale

Address: 1002 Leeds Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/13/50 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: 4300 Old Frederick Rd.

16. Funeral director: John J. Cowan + Son

Address: 1901 Hollins St.

19. 3/10 1950 (Date rec'd by registrar) C. W. Fedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9th 1950 at 10 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan, 1947 19..... to Mar. 9, 50 19.....

and that I last saw him alive on 2-7-50 19.....

Immediate cause of death	DURATION
Chronic Myo-carditis	2yrs.
Due to: Nephritis	3 yrs.
Due to:	
593	
Other conditions:	
131 b	

(Include pregnancy within 8 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 1945 W. Baltimore St. Date signed 3-10-50

15676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02439

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne, Rural Balto.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4504 Rehbaum Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne- rural Balto.; STREET ADDRESS (If rural, give location) 4504 Rehbaum Ave.

3. NAME OF DECEASED (Type or Print): (First) ESTHER (Middle) MYRL (Last) FLETCHER

4. DATE OF DEATH: (Month) Mar. (Day) 14, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 23, 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Duncan Boyd

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: 4504 Rehbaum Ave. Lansdown, Md Mrs. Myrl Fletcher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset and Death: 2 yrs

581.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

124a

(b) Myocardial insuff — 6 mos

(c) chr nephritis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March 14 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. B. Brumbaugh, 3609 main st Elkridge 27 Md 3/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	3/16/50	Baltimore Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-15-50	a. w. Wedrich	HENRY SANDER & SONS, INC. NORTH AVE. & BROADWAY - 13

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02440

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wells Tannery
STREET ADDRESS (If rural, give location): none ✓

3. NAME OF DECEASED (Type or Print): (First) BILLY (Middle) GLENN (Last) FOSTER

4. DATE OF DEATH: (Mooth) March (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-14-24

9. AGE last birthday: 25 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Fireman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Grenada, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Glenn Foster

14. MOTHER'S MAIDEN NAME: Ethel Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown): yes — (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

452 **Immediate cause** (a) Cerebral Hemorrhage, secondary to Aneurysm — Interval Between Onset and Death: Approx. 45 Days

Antecedent cause(s)

96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but oot related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 2-27-, 1950, to 3-14-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: H.C. Manauch, M.D. (Degree or title) — ADDRESS: Chief Pro. Services VAH, Ft. Howard, Md. — DATE SIGNED: 3-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 3-14-1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): McConnellsville-Pa.

DATE REC'D BY LOCAL REGISTRAR: Mar. 14-50 — REGISTRAR'S SIGNATURE: Dawson L. Harbey

24. FUNERAL DIRECTOR — ADDRESS: Stewart Mower Company - 108 W. North Ave. - Balto. - 1 - Md. 44379

RECEIVED
MAR 20 1950
BUREAU V. S.

02441

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oella an

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella Ellicott City
STREET ADDRESS (If rural, give location) Oella an

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) France

4. DATE OF DEATH (Month) Mch (Day) 11 (Year) 1950

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 10-7-78 | 9. AGE last birthday 71 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House duties | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Theodore France | 14. MOTHER'S MAIDEN NAME Christine Imhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Walter France

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

940a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. W. Kieffer M.D. (Degree or title) Dep Med Exam Balto. Co. ADDRESS 1010 Leeds av DATE SIGNED Mch 11. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/14/50 | NAME OF CEMETERY OR CREMATORY St. Johns Cem. | LOCATION (City, town, or county) Ellicott City (State) Md.

DATE REC'D BY LOCAL REG. 3-13-50 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Ellicott City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 15 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02442

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Milford Gardens
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3506 Fairview Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Milford Gardens
STREET ADDRESS (If rural, give location): 3506 Fairview Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Douglas (Last) Frizzel Twin #2

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 19 50

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Jan. 17, 1950

9. AGE last birthday: yrs. If under 1 year: Months 1, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Md. Balto. city

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: R. Elmer Frizzell

14. MOTHER'S MAIDEN NAME: Mary Florence Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: R. Elmer Frizzell 3506 Fairview Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute intestinal enteritis (diarrhea) — Interval between onset and death: 10 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) dehydration — 3 days.

(c) Acute cardiac failure — 30 Minutes

571.0

1190

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1950, to 3-6, 1950, that I last saw the deceased alive on 3-6-, 1950, and that death occurred at 12.30 m., from the causes and on the date stated above.

SIGNATURE: Howard F. Warren (Degree or title) ADDRESS: 2604 Garrison Blvd - Baltimore Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3-7-50

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 3/7/50

REGISTRAR'S SIGNATURE: Q. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: G. Howard Strong 3207 W. North Ave.,

1-2-1-17-0-32-2-99-9

CERTIFICATE OF DEATH

Registered No. 30 02443

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carrie Gambrill

2. DATE OF DEATH: March 4th, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Opitz Home
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitemarsh
D. STREET ADDRESS (If rural, give location): Ebenezer Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	single	March 8, 1867	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
saleslady	store Grocery	Balto. Co., Md.	USA

13. FATHER'S NAME: Frederick E. Gambrill

14. MOTHER'S MAIDEN NAME: Sarah Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT ADDRESS: Mr. F. M. Gambrill, Whitemarsh, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) 422 / 932

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 26, 1950, *to* 4 March, 1950, *that I last saw the deceased alive on* 2 March, 1950, *and that death occurred at* 9.45 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John Hurd Jr., M. D.	26 E. Preston St Baltimore 2 Md	6 Mar 50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	Mar. 7th, 1950	Camp Chapel Cemetery	Balto. Co., Md. 43261

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/6/50	A. W. Hedrick	Lansdowne Funeral Home	7401 Belair Rd.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02444

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Catonsville — LENGTH OF STAY (in this place) 2 1/2 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 9 old court Rd.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) J. (Last) Gardner

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12/20/1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Anthony Breighner

14. MOTHER'S MAIDEN NAME: Elnor Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Joseph Henry Gardner - Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - Respiratory Failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio - Vascular

93d (c) Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar., 1950, to 3 Mar., 1950, that I last saw the deceased alive on 3 Mar., 1950 and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Bryan M.D. — ADDRESS — DATE SIGNED 3/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/6/50 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REG. 3-4-50 — REGISTRAR'S SIGNATURE B. E. Z. Nichols — 24. FUNERAL DIRECTOR: Frank H. Purnell — ADDRESS

Purnell

VS. A15

RECEIVED
MAR 7 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02445

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 521 New Pittsburg Ave. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 521 New Pittsburg Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jeff		GARY	March 21, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	C	Married	Jan. 3 1908	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bethlehem Steel Co.	Buckingham Co., Va.	

13. FATHER'S NAME: Pompy Gary

14. MOTHER'S MAIDEN NAME: Mattie Booker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	~~213-20-6618~~	Daisy Gary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331K
83a

Immediate cause (a) Cerebellar pontine hemorrhage, spontaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Royer M.D.		700 Fleet St., Balto. 2	March 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	March 24/50		Dillwyn Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-23-50		Mrs Lobech A. Elliott & Daughter	1129 N. Carrollton St.

98829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02446

CERTIFICATE OF DEATH

Reg. Dist. No. 4f

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 209 Adkins Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) N. (Last) GILL

4. DATE OF DEATH: (Month) March (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6-17-1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired foreman

10b. KIND OF BUSINESS OR INDUSTRY: Gas Mfg.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gill

14. MOTHER'S MAIDEN NAME: Clara Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service) 1900-1903

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) CORONARY OCCLUSION — Interval Between Onset and Death: 3-1/2 weeks

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS HYPERTENSION — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 2-26-, 1950., to 3-5-, 19 50., that I last saw the deceased alive on [illegible], and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services. VAH, Ft.Howard, Md. 3-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/8/50
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/6/50
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons, Balto., Md.

VS. A15

316

02447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stoneleigh — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 503 Stoneleigh Rd.	STREET ADDRESS (If rural, give location): 412 Henrietta St.

3. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) E.	(Last) GLISS	4. DATE OF DEATH	(Month) Mar.	(Day) 25,	(Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: May 27, 1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: John H. Thormann	14. MOTHER'S MAIDEN NAME: Martha E. Wyble						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Miss Hannah Thormann 503 Stoneleigh Rd.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio - Sclerotic Cardio Vascular disease	1 Year.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 25 Mch 1950, that I last saw the deceased alive on 25 Mch, 1950, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Reis	M.D.	6701 York Rd Balto 12 Md	27 Mch 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/29/50	NAME OF CEMETERY OR CREMATORY: Meadowridge Cem.	LOCATION (City, town, or county) (State): Howard Co., Md.
DATE REC'D BY LOCAL REG.: 3/27/50	REGISTRAR'S SIGNATURE: H.W. Hedrick	24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS	ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2448

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND Md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md; LENGTH OF STAY (in this place) 3 yrs 7 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3021 Woodhome Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Apsodonia (Last) Gontrum

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: August 19 - 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: (Own home)

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest Zellhan

14. MOTHER'S MAIDEN NAME: Mary Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Laura M. Schroder, Masonic Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteria Sclerotic Heart disease — Interval Between Onset and Death: 4 years

420.0 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1946, to Mar 6, 1950, that I last saw the deceased alive on Mar 5, 1950, and that death occurred at 4 39 A m., from the causes and on the date stated above.

SIGNATURE: Walter T Keen (Degree or title) MD ADDRESS: Cockeysville Md DATE SIGNED: 3-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/9/50

NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. 3/6/50

REGISTRAR'S SIGNATURE: L. M. Schroder

24. FUNERAL DIRECTOR: Wm. Cook ADDRESS: St. Paul + Preston St.

RECEIVED
MAR 8 1950
BUREAU V. S.

M

02449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garfield Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location) Garfield Ave

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Taylor (Last) Guthrie
4. DATE OF DEATH (Month) Mar. (Day) 24 (Year) 1950
5. SEX F.
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH Apr. 25, 1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George E. Taylor
14. MOTHER'S MAIDEN NAME Mary V. Larkin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Miss Mildred Guthrie, Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83 (c) Generalized Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1934, to Mar. 24 1950, that I last saw the deceased alive on Mar. 22, 1950, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE J. M. France (Degree or title) M.D. ADDRESS Parkton, Md DATE SIGNED 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 26 1950
NAME OF CEMETERY OR CREMATORY Clynmalira
LOCATION (City, town, or county) (State) Monkton Balto Co., Md

DATE REC'D BY LOCAL REG. 3/24/50
REGISTRAR'S SIGNATURE Anna Pearce Price
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 27 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02450

1. PLACE OF DEATH

County: Baltimore

City or town: English Council (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred: 2744 Daisy Ave

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: English Council (If outside city or town limits, write RURAL and give nearest town)

Street No. 2744 Daisy Ave (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Joseph Gutkoska

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

9.(b) Name of husband or wife: Sarah J.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 13th 1879

8. AGE: Years: 70 Months: 11 Days: 17 If less than one day ..... hrs. ..... min.

9. Birthplace: Poland (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Truston Steel Co.

FATHER
12. Name: Peter Gutkoska
13. Birthplace: Poland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Poland

16. Informant: Mr George P. Gutkoska

Address: 2744 Daisy Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/6/50 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: 4300 Old Frederick Rd.

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St.

19. 3/3 1950 (Date rec'd by registrar) H.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2nd 1950 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1946 to March 2 1950 and that I last saw him alive on March 1 1950

Immediate cause of death	DURATION
Coronary Thrombosis	30 Minutes
Due to Arteriosclerotic Heart Disease	10 years
Due to	
Other conditions Benign Prostatic Hypertrophy	?

420.0 (Include pregnancy within 3 months of death)

93d

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Nathan Racusin M.D. M. D. or other

Address: 206 S. Gilmor St. Date signed: 3.3.50

31629

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C2451

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
STREET ADDRESS (If rural give location) 62 Dunkirk Road

3. NAME OF DECEASED (Type or Print): (First) Evan (Middle) Donovan (Last) Hans

4. DATE OF DEATH: (Month) Mar. (Day) 10½ (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: Mar-31-1885 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney | 10b. KIND OF BUSINESS OR INDUSTRY: Law | 11. BIRTHPLACE (State or foreign country): Baltimore Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evan T. Hans | 14. MOTHER'S MAIDEN NAME: Marion A. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Marguerite H. Costello, 62 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 18 Days.

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rodgers Forge (CITY OR TOWN) Baltimore (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Feb., 1950, to 10 Mch., 1950, that I last saw the deceased alive on 10 Mch., 1950, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE: Charles D. Reis | (Degree or title) M.D | ADDRESS: 6701 York Rd Balto 12 Md | DATE SIGNED: 10 Mch 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Mar-13-1950 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: March 11th 1950 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Stewart & Mowen Co. | ADDRESS: 108 W. North Ave. Balto. #1, Md.

V2693

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02452

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDERWOOD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDERWOOD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLOTTE (Middle) TAYLOR (Last) HARRISON

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 9-10-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME HENRY S. TAYLOR
14. MOTHER'S MAIDEN NAME ELIZA GILL BRADLEE WINCHESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS R.A. TAYLOR HARRISON SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Decompensation	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	unk.
	(c)	

422.1
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1950, to 3/29, 1950, that I last saw the deceased alive on 3/29, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] G. M. D. Towson 4-Md. 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3-31-1950
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) BALTO (State) MD.

DATE REC'D BY LOCAL REG. 3/30/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T.

02453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 First Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne (Balto.-27)
STREET ADDRESS (If rural give location) 213 First Avenue

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) E. (Last) Harthausen
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 30, 1903
9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Max G. Schwender
14. MOTHER'S MAIDEN NAME: Martha E. Schultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John D. Harthausen (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 30 mins.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 45, to Mar 23 19 50, that I last saw the deceased alive on Mar 23 19 50, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis J. Keoll MD ADDRESS 1801 Eutaw Pl DATE SIGNED 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Mon. March 27 1950 | NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. | LOCATION (City, town, or county) (State) Balto. County, Md.

DATE REC'D BY LOCAL REG. 3/24/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS G. Howard Evans 1400 S. Charles St Baltimore 30, Md.

02454

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md. — LENGTH OF STAY (in this place): 3 mths., 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural, give location): 4512 Madison Avenue

3. NAME OF DECEASED (Type or Print)	(First) RUTHERFORD B.	(Middle)	(Last) HAYES	4. DATE OF DEATH (Month) March (Day) 7, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: January 6, 1877	9. AGE last birthday: 73 yrs. — If under 1 year: Months 2, Days 1 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Candy Business	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME: John Wesley Hayes		14. MOTHER'S MAIDEN NAME: Mary Columbia Ridgway		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure	Indefinite
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebrovascular accident	Indefinite
	(c) Arterio-sclerotic cardio-vascular disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Mar. 7, 1950, that I last saw the deceased alive on Mar. 7, 1950, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrude J. Fleischmann M.D.		Catonsville 28, Md.	March 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/10/50	NAME OF CEMETERY OR CREMATORY: Lt Lincoln	LOCATION (City, town, or county) (State): Colmar Manor Md
DATE REC'D BY LOCAL REG.: 3/10/50	REGISTRAR'S SIGNATURE: Amanda Downey	24. FUNERAL DIRECTOR: F. Gasche Sons Hyattsville Md	ADDRESS

Mr. Victor E. Harry Reg.

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
FI'REAU

02455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md. LENGTH OF STAY (in this place) 3 yrs. 4 mths.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 207 S. Collington Avenue

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) A.	(Last) HICKMAN	4. DATE OF DEATH	(Month) Mar.	(Day) 5,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 11, 1875	9. AGE last birthday 74 yrs.	If under 1 year Months 11	Days 22	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Conrad Mervis	14. MOTHER'S MAIDEN NAME Mary Steck						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records, Catonsville 28, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cardio-respiratory failure due to arterio-	
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sclerotic cardiovascular disease	indefinite
	(c) Malnutrition	indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1946, to Mar. 5, 1950, that I last saw the deceased alive on Mar. 5, 1950, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk, M.D.		Catonsville 28, Maryland	3/6/50

23. BURIAL, CREMATION REMOVAL (Specify) 3/9/50	DATE 3/8/50	NAME OF CEMETERY OR CREMATORY Mt Carmel Cem	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3-7-50	REGISTRAR'S SIGNATURE V.E. Harry	24. FUNERAL DIRECTOR Leo G Cook	ADDRESS 1703 Patt Pk

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

02456

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2713 Glendale Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pottsville
STREET ADDRESS (If rural, give location): 623 N. 3rd Street

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) May (Last) Hoke

4. DATE OF DEATH: (Month) March 4, (Day) 1950 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 15, 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hoke

14. MOTHER'S MAIDEN NAME: Sarah Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Robert L. Brener, Parkville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia and Metastases	4 months
Antecedent cause(s)	(b) Carcinoma of Stomach	1 year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

15 IX
46 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At wnrk ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 12 1949, to March 4, 1950, that I last saw the deceased alive on March 3, 1950, and that death occurred at 1.50A m., from the causes and on the date stated above.

SIGNATURE: Albert Greenbag (Degree or title) M.D. ADDRESS: 2025 East North Ave. DATE SIGNED: March 4 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Mar. 4, 1950
NAME OF CEMETERY OR CREMATORY: R.W. Morgan, Funeral Home
LOCATION (City, town, or county) (State): Pottsville, Pennsylvania

DATE REC'D BY LOCAL REG.: March 4 '50
REGISTRAR'S SIGNATURE: A.M. Bacon

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS

RECEIVED
MAR 6 1950
BUREAU V. S.

1949 VC

12457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford (Parkton P.O.) — LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton P.O. Hereford (Rural)
STREET ADDRESS (If rural give location) York Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Holmes

4. DATE OF DEATH: (Month) Mar. (Day) 23 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify)

8. DATE OF BIRTH: Apr. 15 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer & Thresher of Grain

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT: Elwa Beard, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.12 **Immediate cause** (a) Chronic Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 19 50 to Mar. 23, 19 50, that I last saw the deceased alive on Mar. 22, 19 50, and that death occurred at 5 32 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. M. Frame M.D. Parkton Md 3/23/50

23. BURIAL, CREMATION / REMOVAL (Specify) Buried | DATE Mar. 25, 1950 | NAME OF CEMETERY OR CREMATORY St. Lukes | LOCATION (City, town, or county) (State) Monkton, Balto Co. Md.

DATE REC'D BY LOCAL REG. March 24. 1950 | REGISTRAR'S SIGNATURE Mrs Howard S. Markline | 24. FUNERAL DIRECTOR ADDRESS Landon M Bucks, Sparks, Md

988.99

VS. A15

RECEIVED
MAR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02458

Reg. Dist. No. 25 #17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5617 Oakland Road

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) W. (Last) HOPKINS
4. DATE OF DEATH: (Month) March (Day) 27, (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-7-96
9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing Machine Repairman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 219-20-7635
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 8 Hrs.

434.3 / 95C

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Emphysema and Chronic Cor Pulmonole — 25 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 3-25- , 19 50 , to 3-27- , 19 50 , that I last saw the deceased alive on ~~[illegible]~~ 19 ~~[illegible]~~ and that death occurred at 8:40 A. m., from the causes and on the date stated above.

SIGNATURE H.C. Managh
(Degree or title) H.C. MANAUGH, M.D. CHIEF PRO. SERVICES
ADDRESS VAH, Ft. Howard, Md.
DATE SIGNED 3-27-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-30-50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. March 30, 1950
REGISTRAR'S SIGNATURE John M. Whitelaw
Dr. Dawson L. Farber
24. FUNERAL DIRECTOR James L. McCreery
ADDRESS 130 E Fort Ave

33677

RECEIVED
DEC 31 1950
BUREAU OF

02459

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~182~~ 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 5 yrs. 1 mo. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2001 Park Ave.,

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Hollingsworth (Last) Hoskins

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 12, 1857
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles R. Hollingsworth
14. MOTHER'S MAIDEN NAME Sarah Longstreet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
903.7 Immediate cause	(a) Pulmonary Embolism	3/29/50
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Right Hip (Neck of the Femur)	3/13/50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fractured Rt Hip.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital (CITY OR TOWN) Towson (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 13, 1950 6.25 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Pt. fell in her room.

22. I hereby certify that I attended the deceased from Feb 9, 1945, to March 29, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 6.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.W. Elgin, M.D. ADDRESS Towson-4, Md. DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 1-1950
NAME OF CEMETERY OR CREMATORY Little Falls Friends
LOCATION (City, town, or county) Fallston (State) Md

DATE REC'D BY LOCAL REG. 3-31-50
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR Walter H. Archer, ADDRESS Benson Md

Ok. Rollin C. Hudson M.D. D.M.E. Towson, Md. 3/30/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

Items 9&16-phone call from from family 4/3/50 LL.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02460

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1751 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
STREET ADDRESS (If rural, give location) 1751 E. Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) EARL (Last) JACOBS

4. DATE OF DEATH (Month) March (Day) 11, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 3, 1888
9. AGE last birthday 61 6/12 yrs. If under 1 year Months 7 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER-OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY Retail Coal Co.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Jacobs
14. MOTHER'S MAIDEN NAME Jennie Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 520-24-1151
219-22-1014
17. INFORMANT AND ADDRESS Mrs. Mary Belle Jacobs, Baynesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 20 Minutes

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio Vascular

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1936, to 11 Mch, 1950, that I last saw the deceased alive on 11 Mch, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE Charles H. Reiss (Degree or title) MD ADDRESS 6701 York Rd Baltimore 12 Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Mar. 14, 1950
NAME OF CEMETERY OR CREMATORY Knight Funeral Home
LOCATION (City, town, or county) (State) Williamsport, Penna.

DATE REC'D BY LOCAL REG. 3/11/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

156-77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02461

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Gyro Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres.
STREET ADDRESS (If rural, give location) 10 Gyro Rd.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) H (Last) Johnson
4. DATE OF DEATH (Month) March (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 25 1899
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Steel Mill
11. BIRTHPLACE (State or foreign country) Caroline Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles R Johnson
14. MOTHER'S MAIDEN NAME Alice M. Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Earle Johnson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dep Med. Examiner ADDRESS Dundalk - Balto Co Md DATE SIGNED 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/2/50
NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
LOCATION (City, town, or county) Federalsburg (State) Md.
DATE REC'D BY LOCAL REG. 3/1/50
REGISTRAR'S SIGNATURE Henry Ainsie
24. FUNERAL DIRECTOR Jerome Frantom ADDRESS Federalsburg Md.

33638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02462

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore STATE MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2635 Greenmount Ave

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Burke (Last) Johnson

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 1 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Confectionery Retail

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jos. F. Burke

14. MOTHER'S MAIDEN NAME: Mary Castles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 215-01-7187A

17. INFORMANT AND ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Accident — Interval Between Onset and Death: 6 day

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 3 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1947, to Mar. 12, 1950, that I last saw the deceased alive on Mar. 12, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T Kees M.D. Cockeysville Md 3/12/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 3/15/50 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 3/13/50 REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR ADDRESS Wm. Cook St Paul & Preston St

15661

VS. A15

RECEIVED
AUG 14 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02463

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore County. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella. | LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oella Ave - Oella - Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella.
STREET ADDRESS (If rural give location) Oella Ave. Oella Md.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) ESTELLA (Last) JONES.

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married. | 8. DATE OF BIRTH Aug-23-1884 | 9. AGE last birthday 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife. | 10b. KIND OF BUSINESS OR INDUSTRY Own Home. | 11. BIRTHPLACE (State or foreign country) Baltimore - Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Curtis. | 14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) None. | 16. SOCIAL SECURITY NO. none. | 17. INFORMANT Mr. ISAAC A. JONES - Oella Ave. Oella Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardiac Failure	3 hours
443x Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation	6 months
	(c) Hypertensive Cardio-Vascular Disease	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Nephritis	5 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1949, to Mar. 21, 1950, that I last saw the deceased alive on 21 Mar, 1950, and that death occurred at 4 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William F. Jaseaway	M.D.	Ellicott City, Md	3/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial.	March 24-1950	Good Shepherd Cemetery.	Ellicott City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/50	H.W. Hedrick	Charles J. Schwob	3512 Frederick Ave.

Dr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02464

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2422 Madison Avenue

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) JONES
4. DATE OF DEATH: (Month) March (Day) 20, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-21-1893
9. AGE last birthday: 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Petersburg, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Caseous Tuberculosis of kidneys and Pyo-hydronephrosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis, moderately active — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work [ ] Not While At work [ ] | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19-, 1950, to 3-20-, 1950, that I last saw the deceased alive on ..., and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE Ernest Roberts (Degree or title) — ADDRESS — DATE SIGNED

ERNEST ROBERTS, M.D. — VAH, Ft.Howard, Md. — 3-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/1950	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/23/50	L	Holland Funeral Home, Balto., Md.

XVX99

02465

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4 (RD) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bosley and Pottspring Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4, RD.
STREET ADDRESS (If rural, give location) Bosley and Pottspring Rds.

3. NAME OF DECEASED (Type or Print) (First) Issac (Middle) James (Last) Jones
4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Aug. 4, 1854
9. AGE last birthday 95 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY SELF
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ELI JONES
14. MOTHER'S MAIDEN NAME Hannah Bottrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Myocarditis	1 yr.
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
		(c) Senility –	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1950, to 3/5, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 1 30 A.m., from the causes and on the date stated above.

SIGNATURE Wilmer C. Ensor (Degree or title) M.D. ADDRESS Cockeysville DATE SIGNED Md. 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Mar. 9, 1950
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/8/50
REGISTRAR'S SIGNATURE Wilmer C. Ensor M.D.
24. FUNERAL DIRECTOR John Burns' Sons ADDRESS Towson, Md.

600 VV

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 13 1950
BUREAU V. S.

ITEM 7: certified copy of divorce decree plus Dr. Martin's statement by telephone 6/1/50 confiming DIVORCED as the proper marital status for this deceased. Divorce decree filmed 6-1-50 G126. LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02466

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodstock - Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hernwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Woodstock
STREET ADDRESS (If rural, give location): Hernwood Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Clay	Jones	March 3 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	~~DIVORCED~~ Widowed	March 8, 1881	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Car Man	Railroad	Pennsylvania	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Jones	Barbara Gettel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	705-10-2287	Miss Ruth Jones, Hernwood Rd., Woodstock, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	4 da.
Antecedent cause(s) 422.1 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/1/, 1950, to 3/3/, 1950, that I last saw the deceased alive on 3/3/, 1950, and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Martin		Harrisonville, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 6, 1950	Woodlawn Cemetery	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/4/50	Wm. E. Martin	Hobbs Lamoreau	4510 Liberty Heights Ave.

496-47

RECEIVED
MAR 8 1950
U. S. PATENT OFFICE

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02467

FILM No. G 125 MAR 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale.; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1220 Spring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale.; STREET ADDRESS (If rural, give location) 1220 Spring Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Kellner.

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow

8. DATE OF BIRTH: Oct. 10 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: at Home.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J Sauer.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Irene Zimmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia - terminal (3/27/50 akc) — Interval Between Onset and Death: 3 days

592 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

108 (b) uremia

(c) Chronic Interstitial Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1930, to March 18, 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Morris A. Jacobs 617 North Ave Road Bel. 24 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/21/50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Eastern Ave. Md.

DATE REC'D BY LOCAL REG. 3/20/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: John D Connelly. Essex 21, Md.

VS. A15

02468

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 yrs 10 mos 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1923 N Payson St ✓

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) (Last) Kelly
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 12-26 1992
9. AGE last birthday 57 yrs. If under 1 year Months 3 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installing oil burners
10b. KIND OF BUSINESS OR INDUSTRY Mechanical
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Joseph Kelly
14. MOTHER'S MAIDEN NAME Virginia Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. Mc Kieffer MD (Degree or title) Dep. Med. Exam. Balto Co. ADDRESS 1010 Leedson DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/23/50
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore Md (State)
DATE REC'D BY LOCAL REG. 3-22-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William Cook Inc ADDRESS 1217 St Paul St

34818

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Items 8 & 9 - Evidence is shown on Film G125
4/4/50 js

MARYLAND STATE DEPARTMENT OF HEALTH

02469

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1542 Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1542 Rolling Rd

3. NAME OF DECEASED (Type or Print) (First) Cecil (Middle) Scott (Last) Kern Sr
4. DATE OF DEATH (Month) Mch (Day) 4 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1896 AUG 15 1895
9. AGE last birthday 53 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) JULY 15, 1895 Va
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME IVAN Irvin Kern
14. MOTHER'S MAIDEN NAME Georgie B. Wilkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-01 4938
17. INFORMANT Mildred Kern Relay 1542 Rollingford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo W. Kieffer (Degree or title) Dep Med Mx Exam Balto Co ADDRESS 1010 Leeds av DATE SIGNED 3-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-7-50
NAME OF CEMETERY OR CREMATORY Meadowridge
LOCATION (City, town, or county) (State) Howard Co Md

DATE REC'D BY LOCAL REG. Mch 6 50
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Jno J Tichner & Sons ADDRESS Balto Md

340V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02470

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Pikesville~~ ~~Baltimore~~
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naylors' Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Pikesville
STREET ADDRESS (If rural, give location) Naylors' Lane

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Henriette	Ries	Kern	3	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	June 11, 1899	50 yrs.	8	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leopold Ries	Jennie Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
			Dr. Howard M. Kern. Naylors' Lane Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X Immediate cause (a) carcinoma of transverse colon with metastases.

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 1949	Carcinoma of transverse colon.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I bereby certify that I attended the deceased from Feb, 1949, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Whitestone M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 10 1950	Oheb Shalom	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/10/50	A. W. Hadnett	David Sondheim & Son 1902 Eutaw Pl.

David Sondheim & Son 1902 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Farber 914- D, St Sparrows Pt.

02471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ketchum Lane & Waldman Ave.	STREET ADDRESS (If rural, give location) Ketchum Lane & Waldman Ave

3. NAME OF DECEASED (Type or Print)	(First) David	(Middle)	(Last) Ketchum	4. DATE OF DEATH	(Month) March (Day) 29, (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 9, 1869	9. AGE last birthday 80 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, retired	10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David Ketchum			14. MOTHER'S MAIDEN NAME Martha V. Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Mary E. Ketchum, Sparrows Point, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple cerebral embolisms	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probably from intermural cardiac thrombus	indef.
	(c) Arteriosclerotic heart disease	indef.

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to March 29, 1950, that I last saw the deceased alive on March 27, 1950, and that death occurred at 4:35 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D.	914 D St., Sparrows Point, Md	3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/1/50	NAME OF CEMETERY OR CREMATORY Mt. Carmel	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Mar 29-50	REGISTRAR'S SIGNATURE Dawson C. Harber	24. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.	ADDRESS

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 3 1950
BUREAU V. S.

02472

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4566 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 4566 Ridge Road

3. NAME OF DECEASED (Type or Print) (First) ADAM (Middle) (Last) KLEIN
4. DATE OF DEATH (Month) March (Day) 17th, (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 4, 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner Farm
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John H. Klein
14. MOTHER'S MAIDEN NAME Mary Friskey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Anna Bartenfelder, 4566 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

97

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 year.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Mar, 1950, that I last saw the deceased alive on Mar 15, 1950, and that death occurred at 6 40 P m., from the causes and on the date stated above.

SIGNATURE Thomas J. Brennan (Degree or title) M.D. ADDRESS 5217 Harford Rd. DATE SIGNED 3.18.50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Mar. 21, 1950
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Mar. 18 '50
REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02473

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Butler Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 101 Butler Road

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) BELT (Last) KRIEGER
4. DATE OF DEATH: (Month) Mar (Day) 7 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	white	Married	Mar 15, 1877	72 yrs.	11	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alfred Belt
14. MOTHER'S MAIDEN NAME: Agnes Naylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT: H. Krieger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	1 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

431 X
93a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis & Lithiasis — 3 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2-19, 1950, to 3-7, 1950, that I last saw the deceased alive on 3-6, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	M D.	Reisterstown, Md.	3-8-'50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/10/50	Forest Cemetery	Glen Park	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-9-50	Mary B. Eline.	H. Caples & Son	Glen Park, Md.

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2474

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE; STREET ADDRESS (If rural give location) 218 Church Lane

3. NAME OF DECEASED (Type or Print): (First) A. Lavi (Middle) (Last) Kuhns

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-3-1902

9. AGE last birthday: 48 yrs.

If under 1 year: Months — Days 3; If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman

10b. KIND OF BUSINESS OR INDUSTRY: All States Life Ins. Co.

11. BIRTHPLACE (State or foreign country): Honolulu

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Hannah Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) 1 W.W.

16. SOCIAL SECURITY No.: 308-12-2026

17. INFORMANT: Edythe M. Kuhns

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 20 min.

944a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Mar, 1950, to 8 Mar, 1950, that I last saw the deceased alive on 8 Mar, 1950, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul H Royer M.D. (Approved Dr D D Caples Med. Examiner) Pikesville 8 Md 8 Mar 50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 3-11-50 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 3/10/50 — REGISTRAR'S SIGNATURE: C. W. Heduck

24. FUNERAL DIRECTOR: Frederick A. Cole — ADDRESS: 1913 W. Baltimore St

27480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02475

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Fort Howard, Balto. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W. Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quinwood
STREET ADDRESS (If rural, give location): None ✓

3. NAME OF DECEASED (Type or Print): (First) CADDO (Middle) C. (Last) LEGG

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-10-15

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Notamine, W.Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Legg

14. MOTHER'S MAIDEN NAME: Ida E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 235-26-5578

17. INFORMANT AND ADDRESS: Clinical Records VAH Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Squamous cell Carcinoma, right cervical region.	7 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

199.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1950, to Mar. 26, 1950, ~~that I last saw the deceased~~ VA, and that death occurred at 7:30 P m., from the causes and on the date stated above.

GIVE OR SIGNATURE: R. E. McDONALD, M.D. (Degree or title) — ADDRESS: VAH Ft. Howard, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 3/27/50 | NAME OF CEMETERY OR CREMATORY: End Of The Trails Cemetery | LOCATION (City, town, or county) (State): Crowley, W.Va.

DATE REC'D BY LOCAL REG. 3/27/50 | REGISTRAR'S SIGNATURE: D.W. Hedrick | 24. FUNERAL DIRECTOR: Mildred F. Blight — ADDRESS: 6009 Harford [illegible]

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VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02476

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 81 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2045 Ruxton Avenue

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) M. (Last) LEVIN

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-9-1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furrier

10b. KIND OF BUSINESS OR INDUSTRY: Fur

11. BIRTHPLACE (State or foreign country): Pinsk, Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wolf Levin (living)

14. MOTHER'S MAIDEN NAME: Rosalie (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
331 Immediate cause	(a) Hypostatic Pneumonia	5 Days
1310 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular Accident	Approx. 69 Days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension arterial 3 Yrs.; Nephritis, chronic 3 Yrs.; Arthritis, dorsal & lumbar spine Hypertrophic 23 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-30-, 19.49, to 3-21-, 19.50, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE: Joseph Alvarez (Degree or title) JOSEPH ALVAREZ, M.D.

ADDRESS: VAH, Ft.Howard, Md.

DATE SIGNED: 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF: March 22,1950

NAME OF CEMETERY OR CREMATORY: Hebrew Herring Run Cemetery

LOCATION (City, town, or county) (State): Balto, Md

DATE REC'D BY LOCAL REG. 3-24-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Sol Levinson & Bros ADDRESS 1126 W North Ave

45665

C2477

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Govans (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Govans (If outside city or town limits, write RURAL and give nearest town)

Street No.: 6324 Smith's Ct. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MARSHA A. LEWIS

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Louis

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): February 23, 1920

8. AGE: Years 29 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Blackstone, Va. (Town, county, and state)

10. Usual occupation: Cook - Private family

11. Industry or business

FATHER

12. Name: Willie Lewis

13. Birthplace: Blackstone, Va.

MOTHER

14. Maiden name: Ethel Jackson

15. Birthplace: Blackstone, Va.

16. Informant: Mrs. Ethel Lewis

Address: 6324 Smith's Ct. - Govans, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 9, 1950 (month) (day) (year)

Cemetery or crematory: Family lot

Location: Blackstone, Va.

16. Funeral director: Holland Funeral Home

Address: 1631 Druid Hill Ave.

19. 3/9 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1950 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 5 1949, to March 7 1950 and that I last saw him alive on March 6 1950

Immediate cause of death	DURATION
Cerebral embolism	2 wks
Due to femoral thrombosis	2 months
Due to Lupus erythematosus	6 mo
Other conditions —	

705.4

153

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: A. S. Chalfont M.D. (M. D. or other)

Address: 6210 York Rd. Date signed: Mar 9. 50

52086

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02478

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) Approx 4 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 915 Garden Drive Essex

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	M.	LINDENBERGER	March	14,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3-5-1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Packer	U. S. Army	Baltimore, Md.	USA

13. FATHER'S NAME: John Lindenberger

14. MOTHER'S MAIDEN NAME: Mina Anna Rebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW-I	212-12-1104	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Dissecting Aneurysm of Aorta	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and Arteriosclerosis	Unknown
(c)	

447
96

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. McCarmore M.D.	Deputy medical Examiner	Balto Co Dandalk 22 Md.	3-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 20 1950	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-7-50	A. W. Hedrick	Melville Jenkins,	Balto., Md.

60896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02479

CERTIFICATE OF DEATH

Reg. Diat. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: County Baltimore; City or town Wood lawn (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? 39 years; Hospital, Institution, or street address where death occurred: 2023 Englewood Avenue; How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore; City or town Wood lawn (If outside city or town limits, write RURAL and give nearest town); Street No. 2023 Englewood Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Earl Line

3.(b) Social Security Number: 216-05-6789

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Julia Ann O'Brien Line

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): July 16, 1879

8. AGE: Years 70 Months 7 Days 24 If less than one day ... hrs. ... min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual occupation: Plumbing Supervision

11. Industry or business: Building Trade

FATHER 12. Name: Daniel L. Line

13. Birthplace: Harrisburg Pa.

MOTHER 14. Maiden name: Margaret Ann Cassady

15. Birthplace: Baltimore, Md.

16. Informant: Mrs Margaret I. Dixon

Address: 20 East Mt Vernon Place

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 14, 1950 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Woodlawn, Md.

18. Funeral director: E. W. Lamoreau

Address: 4510 Liberty Heights Ave.

19. March 13 1950 (Date rec'd by registrar) C. W. Heligia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 1950 at 8 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3, 1950 to March 10 1950 and that I last saw him alive on March 10 1950

Immediate cause of death: Congestive Heart Failure — DURATION: 24 hours

Due to: Rheumatic Heart Disease

Due to:

Other conditions: Hemiplegia, left

416 95b

(Include pregnancy within 3 months of death)

Major findings of operation: ... Date of op.

Autopsy results: None done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: Millard T. Traband M.D. M.D. or other

Address: 3400 Woodbine Ave. Balt 7 Date signed 3/10/50

34579

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02480

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (In this place) Place of employment daily
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paper Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Maurice	Lloyd	March	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	widow	JAN. 4 - 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PENNA R.R.	RAILROAD	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN E. LLOYD	LAURA BELLE BULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	52-05105-30	T. RALPH LLOYD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
974X **Immediate cause** (a) Asphyxia - strangulation by hanging. Suicide	Sudden
164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mental illness	Unknown
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin L. Hudson	M.D.	M.E. Towson Md.	3/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MARCH 27 50	NEW MARKET	MD. LINE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/27/50	Verner C. Ensor	Howard L. Macklin	White Hall Md

98647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

52-0510 530

MARYLAND STATE DEPARTMENT OF HEALTH

02481

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Idlewylde Balto 12 — LENGTH OF STAY (in this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6312 Banbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 12
STREET ADDRESS (If rural, give location): 6312 Banbury Road

3. NAME OF DECEASED (Type or Print): (First) Haze | (Middle) Marie | (Last) Lynch

4. DATE OF DEATH: (Month) March | (Day) 22 | (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1898

9. AGE last birthday: 51 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JAMES KERNAN

14. MOTHER'S MAIDEN NAME: ELIZABETH CAMPBELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: EDWARD J. LYNCH, SR. — 6312 BANBURY ROAD IDLEWYLDE, BALTO. 12, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia, illuminating gas. Suicide	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depression, probably menopausal	6 mo.
	(c)	

972X
163H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Rollin C. Hudson M.D. — ADDRESS: D.M.E. Towson Md. — DATE SIGNED: 3/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAR. 25, 1950 — NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL CEMETERY — LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: 3/23/50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02482

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2907 Du Boise Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carroll		Maddox	Mar.	3	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	April 17, 1876	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman rtd
10b. KIND OF BUSINESS OR INDUSTRY: Methodist Churdh
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell Maddox
14. MOTHER'S MAIDEN NAME: Martha Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Mrs. Carroll Maddox — Parkville 17, Md 2907 Du Boise Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial Pneumonia	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) La Grippe.	
	(c) Arteriosclerosis	

480.1
116

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Oesophageal diverticulum

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 30, to Mar 3, 50, that I last saw the deceased alive on Mar 3, 50, and that death occurred at 11:07 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold H Burns	M.D.	529 N. Charles St	Baltimore Md 3/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/6/50	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/50	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

V0894

02483

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7903 Bon Air Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 7903 Bon Air Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Max Margolis
4. DATE OF DEATH (Month) (Day) (Year): March 14 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7 1888
9. AGE last birthday: 762 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Solomon Margolis
14. MOTHER'S MAIDEN NAME: Jennie Meister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Helen Margolis 7903 Bon Air Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
976	Immediate cause	(a) Gun shot wound thru head (Revolver 38) Suicide	Sudden
164C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depression	(about 7 yrs) unknown
		(c) Heart disease, chronic. Type not known	Approx 7 yrs.

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Collin C. Hudson MD. (Degree or title) D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 3/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Bur — DATE THEREOF: March 16/50 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county) (State): Rogers ave

DATE REC'D BY LOCAL REG.: 3/15/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick Dm — 24. FUNERAL DIRECTOR: Sol Levinson & Bros — ADDRESS: 1124 W North ave

XVX 69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02484

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Slade Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 124 Slade Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Weber	Marshall	March	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Nov. 23, 1932	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Marshall
14. MOTHER'S MAIDEN NAME: Alice G. Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles F. Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
517X Immediate cause	(a) Asphyxia - due to aspiration of blood	1/2 hour
115C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spontaneous hemorrhage of naso pharynx	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Upper respiratory infection	6 hours

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Russell S Fisher	M.D	700 Fleet St. Balto	3/23/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/50	Druid Ridge	Pikesville Md

DATE REC'D BY LOCAL REGISTRAR'S REG. 3-23-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS
Frank H. Newell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02485

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard | LENGTH OF STAY (in this place): 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1109 W. Franklin Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) McCLOUD

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-15-1890

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingston Jamacia, British West Indies

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry McCloud

14. MOTHER'S MAIDEN NAME: Urcelana Henriette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): yes. WW-I

16. SOCIAL SECURITY NO.: 217-16-0202

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159 **Immediate cause** (a) Widespread Carcinoma of abdominal viscera; Origin Unrecognized — Interval Between Onset and Death: Unknown

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 1-28- , 1950 , to 3-1- , 1950 , ~~that I last saw the deceased alive on , 19 , and that~~ death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh. (Degree or title): H.C. MANAUGH, M.D. Chief Pro. Services — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 3-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-6-50 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: March 4th. 1950 | REGISTRAR'S SIGNATURE: RW

24. FUNERAL DIRECTOR: Charles R. Law, 802 Madison Ave., Balto., Md. — ADDRESS

34099

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02486

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Julie - Valley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville
STREET ADDRESS (If rural, give location) Valley Road

3. NAME OF DECEASED (Type or Print): (First) SISTER (Middle) CATHERINE THERESE (Last) (CATHERINE McDONALD)
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: April 11, 1888
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick McDonald
14. MOTHER'S MAIDEN NAME: Ellen Connally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	10 weeks
Antecedent cause(s)		
170		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of left Breast.	2 yrs
	(c) Metastasis to lungs and abdomen	6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 2, 1949
19b. MAJOR FINDINGS OF OPERATION: Cancer of left Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1950, to March 12, 1950, that I last saw the deceased alive on Mar 12, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold H Burns Md. 529. N. Charles St. Balti. Md. Mar 13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-14-50
NAME OF CEMETERY OR CREMATORY: CONVENT CEMETERY
LOCATION (City, town, or county) (State): Glenelg Md.

DATE REC'D BY LOCAL REG.: 3/14/50
REGISTRAR'S SIGNATURE: Dr E C Nichols
24. FUNERAL DIRECTOR: George A Tuley
ADDRESS: Catonsville, Md

V3491

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02487

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daughters of Eucharist

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Marden Chevie Lane Paradise

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) E (Last) Nic Keowne
4. DATE OF DEATH (Month) Mch (Day) 25 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 31, 1848
9. AGE last birthday 101 yrs. If under 1 year: Months 4 Days 25 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Elizabeth Manning HUDLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Ellen, Hudlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

422./ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo J. McKieffer MD Dep Med Exam Balto Co 1010 Leeds av 3-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/28/50
NAME OF CEMETERY OR CREMATORY St Peters Cem
LOCATION (City, town, or county) (State) 1300 Moreland Ave Md

DATE REC'D BY LOCAL REG. 3/27/50
REGISTRAR'S SIGNATURE A. W. Hedgar
24. FUNERAL DIRECTOR John J. Cowan & Son
ADDRESS 901 Hollins St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02488

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Cockeysville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Cockeysville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) McLane (Last) Merryman
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 2, 1864
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Louis McLane
14. MOTHER'S MAIDEN NAME: Sophia Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: E. Gittings Merryman, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cardiac decompensation — 2 days

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Upper respiratory infection — 3 days

(c) Hypertensive - arteriosclerotic cardio-vascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral sclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1945, to March, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title), M.D. — ADDRESS: Cockeysville, Maryland — DATE SIGNED: March 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 7-50 — NAME OF CEMETERY OR CREMATORY: Sherwood — LOCATION (City, town, or county): Cockeysville (State): Md.

DATE REC'D BY LOCAL REG.: 2/6/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Henry W. Jenkins — ADDRESS: 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02489

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6510 Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 6510 Liberty Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMMA (Last) MILLS
4. DATE OF DEATH: (Month) Mar. (Day) 31 (Year) 1950

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Mar. 13, 1869
9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Shaw
14. MOTHER'S MAIDEN NAME: Margaret Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mr. John S. Mills 4728 4727 Dunkirk Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3-31-50

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

108

(b) Chr. myocarditis — 1940

(c) Lobar pneumonia (Diss) — Mar 7-15-1950

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

II

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1950, to Mar 31, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE: Paul Brown (Degree or title): M.D. ADDRESS: 1663 W. North Ave. DATE SIGNED: 3/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/3/50
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: April 1st 1950
REGISTRAR'S SIGNATURE: R W -
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto Md.

OK 4/18/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02490

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Village; STREET ADDRESS (If rural, give location) 4202 Milford Mill Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Henry	Minder		Mar.	4,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	married	June 24, 1899	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Credit Man	Commerical Credit Co.	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Minder	Lena Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	212-01-7370	Nellie V. Minder (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Primary Carcinoma of left lung	about 1 yr.
162 Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General metastasis through chest and abdomen.	6 mons.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-19, 1949, to Mch 4, 1950, that I last saw the deceased alive on March 3, 1950 and that death occurred at 12:50 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr E E Nichols		Pikesville 8 Md	3-6-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mch 7-50	Woodlawn	Woodlawn	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch 6-50	Dr E. E. Nichols	Ellsworth Arnold	5118 Germantown Ave

26683

RECEIVED
JUN 9 1950
U.S.

Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02491

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2919 Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2919 Joppa Road

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) M. (Last) Minner

4. DATE OF DEATH: (Month) Mar. (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Strike out): Widowed

8. DATE OF BIRTH: May 9-1859

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jessie T. Myers

14. MOTHER'S MAIDEN NAME: Susan C. Diffenbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Bertha Mc Cormick - 2919 Joppa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442 X	Immediate cause	(a) Cardiac failure	few hours
131 a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis, Sr. nephritis, generalized arteriosclerosis	12 yrs. +
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1937, to Mar. 20, 1950, that I last saw the deceased alive on Mar. 20, 1950, and that death occurred at 10.48A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: G. M. Bacon, M.D. 2810 Taylor Ave. 3-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/23/50

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 3-20-50

REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR ADDRESS: L. J. Luck - 5305 Harford Rd - 14

RECEIVED
MAR 22 1950
BUREAU V. S.

02492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1737 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) RANDOLPH (Middle) O. (Last) MONROE
4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/7/16
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter's helper
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construction
11. BIRTHPLACE (State or foreign country): Culpepper, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Monroe
14. MOTHER'S MAIDEN NAME: Betty Byron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clin.Records, Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ATELECTASIS, LEFT LUNG	Unknown
002X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) TUBERCULOSIS, BILATERAL, PULMONARY, ACTIVE	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 5, 1950, to March 7, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE: H C Manaugh — (Degree or title) — ADDRESS — DATE SIGNED
H.C.MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. — 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/9/50 — NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 3/8/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR — ADDRESS: Blight Funeral Home, Baltimore, Md.

Mildred T. Blight, 6009 Harford Rd.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02493

CERTIFICATE OF DEATH

Reg. Dist. No. XX

Item #7 Film G-407 12/3/68 [illegible]

1. PLACE OF DEATH: COUNTY Fort Howard Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1908 Boone St. Balto. 18, Md. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GERALD V. MOORE

4. DATE OF DEATH (Month) (Day) (Year): March 25 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) ~~Widowed~~ married

8. DATE OF BIRTH: 7-19-90

9. AGE last birthday: 59 ✓ yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Publicity

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md. ✓

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Moore

14. MOTHER'S MAIDEN NAME: Mary Carmody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Records, VAH Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	4 days
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from March 21, 1950, to March 25, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXXXX, 19XXXX and~~ that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE: John E. Greene (Degree or title) ADDRESS: VAH Ft. HOWARD, MD. DATE SIGNED: 3-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-29-50
NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
LOCATION (City, town, or county) (State): 4300 Old Frederick Rd. Balto Md

DATE REC'D BY LOCAL REG. 3/27/50
REGISTRAR'S SIGNATURE: H.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS: Wiedefeld & Son 501 E. 22nd St. Balto. Md.

XVX82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02494

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 714 W. North Ave.
STREET ADDRESS (If rural, give location) Baltimore

3. NAME OF DECEASED (Type or Print) (First) PRINCE (Middle) ALBERT (Last) MOSLEY
4. DATE OF DEATH (Month) March (Day) 8, (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 12, 1907
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel
11. BIRTHPLACE (State or foreign country) Ebony, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry C. Mosley
14. MOTHER'S MAIDEN NAME Martha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. -
17. INFORMANT Leana Mosley 714 North Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.3 Immediate cause (a) Crushing injury to lower left

169 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest and upper abdomen

(c)

INTERVAL BETWEEN ONSET AND DEATH: 15 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bell Hill Co (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 8 (Year) 50 (Hour) 9 30 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Crushed between Engine & Car - Open Health

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dept Med. Examiner - Dundalk - vv - Md ADDRESS DATE SIGNED 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 12, 1950
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REG. 3/9/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave.

44429

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

02495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Dennis
LENGTH OF STAY (in this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5008 C. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Dennis
STREET ADDRESS (If rural give location) 5008 C. Street

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) ORVILLE (Last) MULLIKIN Sr.
4. DATE OF DEATH (Month) Mar. (Day) 2, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/21/1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Talleyman
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.
11. BIRTHPLACE (State or foreign country) Queen Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Mullikin
14. MOTHER'S MAIDEN NAME Mollie E. Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-09-6412
17. INFORMANT Mrs Florence A. Mullikin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	3 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Myocarditis	1 yr
	(c) General Arteriosclerosis	3 yrs

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Depression 1 yrs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Mch 2, 1950, that I last saw the deceased alive on Mch, 1950, and that death occurred at 4 10 a.m., from the causes and on the date stated above.

SIGNATURE Dr B B Brumbaugh (Degree or title) ADDRESS 4609 Main St Elfridge DATE SIGNED 27 Mar 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/4/50
NAME OF CEMETERY OR CREMATORY Hillsboro Cem
LOCATION (City, town, or county) Caroline Co. Md. (State)
DATE REC'D BY LOCAL REG. 7/3-50
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Easton Sons Catonsville, Md. ADDRESS

26647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1950
PENTAGON U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02496

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yr 1 mo. 24 da

Hospital, Institution, or street address where death occurred:

Baltimore County Home

How long in hospital or institution? 5 yr 1 mo. 24 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Charles Mulvenny

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	—

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 8 Unknown

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name William Mulvenny

13. Birthplace Penna.

MOTHER 14. Maiden name Margaret Connors

15. Birthplace Penna.

16. Informant Charles Roberts

Address Cockeysville. Md.

17. ..... Date thereof Mar 1950
(Burial, cremation, or removal. Which?) (month) (day) (year)

University of Maryland Medical

Location School - 29 S. Green St.

18. Funeral director Department of Anatomy

Address

19. 3/21 1950 Wm. J. Schaefer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1950 at 339 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/23 1945, to 3/21 1950

and that I last saw h... alive on 3/20 1950

	DURATION
Immediate cause of death Coronary Thrombosis	4 da.
Due to Cerebral Hemorrhage (Paralysis Right Side)	4 yrs.
Due to Arterio Sclerosis	
Other conditions	

331

94a

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Enos M.D.
M. D. or other

Address Cockeysville Md. Date signed 3/21/50

866W

BUREAU
MAR 24 1950
RECEIVED

02497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 yrs. 2 mths. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) GEDION (Last) MYERS

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 10, 1884

9. AGE last birthday 65 yrs. If under 1 year Months 7 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer Retired painter &

10b. KIND OF BUSINESS OR INDUSTRY Farming Minister

11. BIRTHPLACE (State or foreign country) Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Guy Gedion Myers

14. MOTHER'S MAIDEN NAME Minnie (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
49 IX Immediate cause	(a) Cardio-respiratory failure	Indefinite
Antecedent cause(s) 107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, left lower lobe, bronical type	Six days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1946, to Mar. 13, 1950, that I last saw the deceased alive on Mar. 13, 1950, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Percy H. Sutley M.D. (Degree or title) ADDRESS Catonsville 28, Maryland DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar. 15, 1950 NAME OF CEMETERY OR CREMATORY Oak Grove Methodist Cem. LOCATION (City, town, or county) Taylor, Madison Co. (State) Va.

DATE REC'D BY LOCAL REG. 3-13-50 REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR H. C. Gillespie ADDRESS Culpeper Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02498

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural, give location) Paper Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Bertha (Last) Nash
4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 18, 1879
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Balto Co., Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Kurtz
14. MOTHER'S MAIDEN NAME Louise Harriett Eckhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Arthur Nash, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 mon

331X Antecedent cause(s) (b) Cerebral Arterio Sclerosis

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-26, 1949, to 3-13, 1950 that I last saw the deceased alive on 3-13, 1950 and that death occurred at 5 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G Howell ADDRESS Catonsville DATE SIGNED 3-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 16, 1950
NAME OF CEMETERY OR CREMATORY Grace Methodist
LOCATION (City, town, or county) (State) Hampstead, Md.

DATE REC'D BY LOCAL REG. 3-17-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Landon M Bessler, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02499

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (In this place) MARYLAND 11/2yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Road & 9th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural give location) Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	William	Neels	March	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 30, 1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer	U.S. Printing & Lithograph Co.	Baltimore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Neels	Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	212-09-9658	Son: Herman Neels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
260 X Immediate cause (a) Heart disease, coronary, with occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61 (b)	
(c) Diabetes Mellitus	2 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin E. Hudson	M.D. DME	Towson Md.	3/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/50	Loudon Park	Balto City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/50	[illegible]	Loudon Funeral Home	7401 Belair Rd

392 97

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02500

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 291 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1717 Etting Street

3. NAME OF DECEASED (Type or Print): (First) CHRISTOPHER (Middle) A. (Last) NELSON

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/12/92

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cyrus Nelson

14. MOTHER'S MAIDEN NAME: Maria McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 217-09-5261

17. INFORMANT AND ADDRESS: Clin.Records, Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from June 9, 1949, to March 27, 1950, that I saw the deceased [redacted], and that death occurred at 1:03 p.m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh
(Degree or title): H.C. MANAUGH, M.D. CHIEF, PRO. SER.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 3/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 3/31/50
NAME OF CEMETERY OR CREMATORY: BALTIMORE
LOCATION (City, town, or county) (State): BALTIMORE, Md.

DATE RECD BY LOCAL REG.: 3/31/50
REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: THE CHARLES R. LAW MORTUARY
ADDRESS: 802-04 MADISON AVENUE
BALTIMORE 1, MD.

90699

02501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8631 Willow Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 8631 WILLOW OAK ROAD

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) SOFIA (Last) NELSON
4. DATE OF DEATH (Month) MARCH (Day) 20, (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH JAN. 30, 1871
9. AGE last birthday 79 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) SWEDEN
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carl Gustafson
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS 8631 WILLOW OAK RD. MRS. RUTH NORD, TOWSON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

331 X Antecedent cause(s)

8300 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteria - sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1949, to 3/20, 1950, that I last saw the deceased alive on 3/20, 1950, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon Gran MD ADDRESS 8523 Loch Raven Blvd. DATE SIGNED 3/22/50

23. BURIAL, CREMATION REMOVAL (Specify) CREMATION
DATE MAR. 24, 1950
NAME OF CEMETERY OR CREMATORY GREENMOUNT CREMATORY
LOCATION (City, town, or county) (State) BALTIMORE, MD.
DATE REC'D BY LOCAL REG. 3/23/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR JOHN BURNS SONS, TOWSON, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02502

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister Mary Jeanne Nener

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug 15, 1907

8. AGE: Years	Months	Days	If less than one day
42	7	8	... hrs. ... min.

9. Birthplace: Boston, Mass
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: John Nener
13. Birthplace: England

MOTHER
14. Maiden name: Lucy Philips
15. Birthplace: England

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. "Burial" (Burial, cremation, or removal. Which?) Date thereof: Mar 25/50 (month) (day) (year)

Cemetery or crematory: Notch Cliff Cem

Location: Glen Arm

18. Funeral director: Geo M. Frisk & Son

Address: 811 N Wolfe St

19. 3/24/50 (Date rec'd by registrar) Wood Emmett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1950, at 10.08 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1949, to Mar 23 1950

and that I last saw her alive on Mar 22 1950

Immediate cause of death	DURATION
Coronary Occlusion	3 days
Due to	
Due to	
Other conditions: Arteriosclerosis & hypertension	?

420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other

Address ... Date signed

V 3491

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02503

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Opitz Home, Edmondson Ave.& Nunnery Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 408 Westgate Rd
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME Maria Oberloskamp

3. (b) Social Security Number

4. Sex: Female
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: late Heinrich Oberloskamp
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Feb. 25,1865

8. AGE: Years 85 | Months 1 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Brockmeier
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Germany

16. Informant Mrs. Lilly Rueggeberg, (daughter)
Address 408 Westgate Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/22/50 (month) (day) (year)
Cemetery or crematory Lorraine Pk.
Location Woodlawn, Md.

18. Funeral director Harry H. Witzke
Address 4101 Edmondson Ave.

19. 3/21 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19/50 19..... at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to March 19, 1950 and that I last saw her alive on March 18, 1950

Immediate cause of death	DURATION
Oedema of lungs	2 days
Due to Influenza	5 days
Other conditions:	
Due to Hypertensive Cardio Vascular Disease	About 10 Yrs.
Other conditions	

481
93d
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work? .....

23. SIGNATURE Ernest G. Marr Ernest G. Marr M.D. M. D. or other
Address 516 Cathedral St. Date signed 3-21-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

02504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1222 CIRCLE DR.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 1222 CIRCLE DRIVE

3. NAME OF DECEASED (Type or Print) (First) MELVIN (Middle) Ma (Last) OLSON

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JAN. 31, 1950
9. AGE last birthday yrs. If under 1 year Months 1 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND - Balto. City
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME MELVIN OLSON
14. MOTHER'S MAIDEN NAME JOAN GOSNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MELVIN OLSON.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Patent Foramen Ovale (congenital) — INTERVAL BETWEEN ONSET AND DEATH 6 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "Blue Baby"

754.3
157e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 8, 1950, to Mch 13 1950, that I last saw the deceased alive on Mch 13, 1950, and that death occurred at 5 25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh — ADDRESS 5609 Main St Elkridge — DATE SIGNED 3/14/50 27 Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 3/16/50 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. 3-15-50 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Joseph T. Ambrose Jr. — ADDRESS 1328 Sulphur Spring Rd.

2-0-1-31-0-18-2-40-7 wh

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 Dr. Brumbaugh Ellbridge. 50-02237

02505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodstock College

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock Md.
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print) (First) Rev James (Middle) Lewis (Last) O'Neill
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 16-1891
9. AGE last birthday 58 yrs. If under 1 year: Months 8, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elizabeth N.J.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Woodstock College Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
350X Immediate cause	(a) Bronchial Pneumonia	10 days
Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Parkinson's Disease	10-15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of Neck Muscles — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1945, to 3/12, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 12 30 PM m., from the causes and on the date stated above.

SIGNATURE Harold H Burns (Degree or title) MD ADDRESS 529 N. Charles St. Baltimore DATE SIGNED MD

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3-15-1950
NAME OF CEMETERY OR CREMATORY WOODSTOCK COLLEGE CEM
LOCATION (City, town, or county) WOODSTOCK (State) MD

DATE REC'D BY LOCAL REG. 3/14/50
REGISTRAR'S SIGNATURE H.W. Hedrick Dep
24. FUNERAL DIRECTOR Bernard C Harle ADDRESS 121 E West St

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

pl 128

02506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: Owings Mills, COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 5 yrs. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Willard (Last) Pearce
4. DATE OF DEATH (Month) March (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-20-29
9. AGE last birthday 20 yrs. If under 1 year Months 8 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inmate Rosewood
10b. KIND OF BUSINESS OR INDUSTRY Inmate
11. BIRTHPLACE (State or foreign country) Scottsdale, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Fred O. Pearce
14. MOTHER'S MAIDEN NAME Bonnie Lee Standridge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rosewood St. Tr. School records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Broncho-pneumonia	3-9-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Acute bronchitis	since 3-6-50
	(c)		

500X
157a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalic Idiot

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24, 1944, to 3-11, 1950, that I last saw the deceased alive on 3-11, 1950, and that death occurred at 9.55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Viola Barrett Johns, M.D. Rosewood St. Tr. School, Owings Mills, Md.

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 3-13-50
NAME OF CEMETERY ~~OR CREMATORY~~ Wesley Chapel
LOCATION (City, town, or county) (State) Decatur, Georgia
DATE REC'D BY LOCAL REG. MAR 1 2 1950
REGISTRAR'S SIGNATURE Mrs. Mary Eline
24. FUNERAL DIRECTOR ADDRESS William J. Tickner & Sons - Balto. Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1950
BUREAU V. S.

02507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Howardville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Howardville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Walnut Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Emma Penn

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: William

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 6, 1853

8. AGE: Years: 96 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick, Md.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: George Wilson
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Providence Penn
15. Birthplace: Frederick, Md.

16. Informant: William Penn

Address: Walnut St. Howardville

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: March 12, 1950
(month) (day) (year)

Cemetery or crematory: St. Thomas

Location: Reisterstown, Md.

18. Funeral director: Holland Funeral Home

Address: 1631 Druid Hill Ave.

19. 8/11 1950 (Date rec'd by registrar) H. W. Hedrick R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8th 1950, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5th 1950, to March 8th 1950 and that I last saw her alive on March 7th 1950

Immediate cause of death	DURATION
Bronchopneumonia	3 days.
Due to	
Due to	
Other conditions: Art. sclerosis	20 yrs.

491 X
107

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: James A. Miller M.D.
M. D. or other

Address: Pikesville 8, Md. Date signed: 3/10/50

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02508

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co.
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa Bellona Ave., Balto. Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 4809 Keswick Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Adeline	Gibbs	Penrose	March	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July-14-1866	83-8-13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John S. Gibbs	Helen McQueen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
None None	None	Mr. C. Delano Ames (son) 4809 Keswick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Bronchopneumonia	3 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized	5 years.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16th, 1950, to ~~March~~ March 27th, 1950, that I last saw the deceased alive on March 27th, 1950, and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ferdinand E. Custard	M.D.	15 E. Biddle St.,	March 28th 1950 Balto. 2, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March-29-1950	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/50	Ada Hedrick	Stewart & Mowen Co.,	108 W. North Ave.

City #1.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02509

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
STREET ADDRESS (If rural, give location) Frederick Ave.

3. NAME OF DECEASED (Type or Print): (First) LULA (Middle) BELLE (Last) PERKINS

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 6, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Public school

11. BIRTHPLACE (State or foreign country): Lynchburg, Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Perkins

14. MOTHER'S MAIDEN NAME: Harriet Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Maude Slater 559 Prestman St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure — 4 days

410X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency — ?

920

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15-, 1949 to 3-16, 1950, that I last saw the deceased alive on 3-16-, 1950, and that death occurred at 4.30 P.M., from the causes and on the date stated above.

SIGNATURE C. F. Maloney — (Degree or title) M.D. — ADDRESS 57 Wendover Lane Balto-28 Md — DATE SIGNED 3/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/21/1950 — NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk. — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 3-20-50 — REGISTRAR'S SIGNATURE A. W. Jedrich

24. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS 1651 Druid Hill Ave.

V3497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02510

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balt
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) (Last) Peter

4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan. 1 - 66 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Huntington Indiana | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas McConnell | 14. MOTHER'S MAIDEN NAME: Emmaline Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Heart Failure	4 yrs
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs ?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 46 to Mar 14, 19 50, that I last saw the deceased alive on Mar 13, 19 50, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Walter T. Kers M.D. | Cockeysville Md | 3/14/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3-17-50 | NAME OF CEMETERY OR CREMATORY Mt Olive | LOCATION (City, town, or county) Baltimore county (State) Md.

DATE REC'D BY LOCAL REG. Mar 15/50 | REGISTRAR'S SIGNATURE Laura M Schroeder | 24. FUNERAL DIRECTOR ADDRESS Wm. Cook, St Paul & Preston St.

RECEIVED
MAR 16 1950
BUREAU V. S.

02511

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS 3229 Dundalk Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Conrad (Last) Pfeil
4. DATE OF DEATH (Month) March (Day) 5 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH July 21 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Pfeil
14. MOTHER'S MAIDEN NAME Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frederick Pfeil 7965 Trappe Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis - c̄ Arteriosclerosis	10 yrs
	(c) Senilitas	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. B. Davis MD (Degree or title) Dep. Med. Examiner ADDRESS Dundalk-VVM DATE SIGNED 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 8/50
NAME OF CEMETERY OR CREMATORY First United Cem
LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 2/8/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02512

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Bel 40 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2908 Vermont Ave COUNTY Baltimore 27
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Adamson Ave

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Ellsworth (Last) Phillips
4. DATE OF DEATH (Month) 3 (Day) 20 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 8-21-1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Her Own Home
11. BIRTHPLACE (State or foreign country) Howard Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Josha Brown
14. MOTHER'S MAIDEN NAME Saras Appleby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Alice E Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
331 X Antecedent cause(s)	(b) Cerebral Arterio Sclerosis	2 yrs
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11, 1950, to 3-20, 1950, that I last saw the deceased alive on 3-20, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE James G Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 3/21

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 23 1950
NAME OF CEMETERY OR CREMATORY Howard Chapel
LOCATION (City, town, or county) Long Corner Howard Co Md (State)
DATE REC'D BY LOCAL REG. 3-21-50
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Roy W Barber Lafayette ADDRESS

RECEIVED
MAR 22 1950
BUREAU

Evidence for change of birth date shown on:

02513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 125 MAR 30 1950

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL WOODLAWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1928 ENGLEWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL WOODLAWN
STREET ADDRESS (If rural give location) 1928 ENGLEWOOD AVE.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WESLEY (Last) PICKETT
4. DATE OF DEATH (Month) MARCH (Day) 19 (Year) 1950
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JULY 4, 1890 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK
10b. KIND OF BUSINESS OR INDUSTRY CLERK - B.&O. R.R.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME — PICKETT
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY No. 705-05-3036
17. INFORMANT WIFE - MRS. PICKETT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260	Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE	1948
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC NEPHRITIS	
		(c) DIABETES MELLITUS	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 15, 1950, to MARCH 19, 1950, that I last saw the deceased alive on MARCH 2, 1950, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE Edwin G. Purport (Degree or title) M.D. ADDRESS 8027 LIBERTY RD. BALTO 7, MD. DATE SIGNED 3/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3/22/50 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 3/20/50 REGISTRAR'S SIGNATURE R. W. Hedrick
24. FUNERAL DIRECTOR William Cook Jnd ADDRESS 1217 St Paul St

25495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02514

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 84 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (6)
STREET ADDRESS (If rural, give location): 6 Glenmore Avenue

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) F. (Last) POLLEN

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-18-95

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Durand, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Pollen

14. MOTHER'S MAIDEN NAME: Mary Pasch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 212-18-3146

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 **Immediate cause** (a) Carcinoma of Rectum with metastasis to liver — Interval Between Onset and Death: Approx. 3 Yrs.

460 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 1-10-, 1950, to 3-27-, 1950, that I last saw the deceased alive on ..., 19..., and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H.C. MANAUGH, M.D. CHIEF PRO. SERVICES.

ADDRESS: VAH, Ft. Howard, Md.

DATE SIGNED: 3-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 30, 1950

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3-31-50

REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR: Lassahn Funeral Home,

ADDRESS: Balto., Md.

Lassahn Funeral Home

308V9

RECEIVED
APR 3 1950

02515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oella Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural give location) Oella Avenue

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) Ella (Last) POMEROY

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1950.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 14, 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles T. Moxley
14. MOTHER'S MAIDEN NAME Caroline Mullineaux

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Lee Davis Pomeroy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	10 minutes
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	1 week
	(c) Arteriosclerotic Cardio-Vascular Disease	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 June, 1949, to 30 Mar, 1950, that I last saw the deceased alive on 29 Mar., 1950, and that death occurred at 12 10 AM m., from the causes and on the date stated above.

SIGNATURE William F. Tassaway (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 1, 1950.
NAME OF CEMETERY OR CREMATORY Mount View Cemetery
LOCATION (City, town, or county) (State) Howard County, Maryland.

DATE REC'D BY LOCAL REG. 4-1-50
REGISTRAR'S SIGNATURE V.E. Barry
24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02516

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md; LENGTH OF STAY (in this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville Md	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Park ave
3. NAME OF DECEASED (Type or Print): (First) Mable (Middle) J. (Last) Price	4. DATE OF DEATH: (Month) Mar. (Day) 24 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Aug 21 - 1870
9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse	10b. KIND OF BUSINESS OR INDUSTRY: Nurse, masonic Home
11. BIRTHPLACE (State or foreign country): Cambridge Mass.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Cater	14. MOTHER'S MAIDEN NAME: Mitchell ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 216-28-8144
17. INFORMANT AND ADDRESS: Laura M. Schroeder	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
431.1 Immediate cause	(a) Acute Congestive Heart Failure	6 day
Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	3 day.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17-49 to 3-24-50, that I last saw the deceased alive on Mar 24, 1950, and that death occurred at 15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin T. Kees		Cockeysville Md	3/24/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3/27/50	Druid Ridge	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/50	Laura M. Schroeder	Wm. Cook	S. E. Paul & Preston St

VS-A15

V3692

RECEIVED
MAR 28 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

02517

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay 27, Md.; LENGTH OF STAY (in this place): 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus.; STREET ADDRESS (If rural, give location): 1014 Leeds Avenue

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Clark (Last) Richardson

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 8, 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pullman Parlor Car Conductor

10b. KIND OF BUSINESS OR INDUSTRY: P.R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: T. Clark Richardson

14. MOTHER'S MAIDEN NAME: Christian Worth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Arbutus, Md. Daughter: Mrs. Eva Brandt - 1014 Leeds Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1450.0 Immediate cause	(a) Thrombosis in st. femoral artery	1 day
Antecedent cause(s)		
99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Several yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20 1950 to Mary 25., 1950, that I last saw the deceased alive on March 24 1950, and that death occurred at 10:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lewis P. Tuley M.D. ADDRESS Relay 27, Md. DATE SIGNED 3/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/28/50 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 3/27/50 REGISTRAR'S SIGNATURE H.W. Hedrick Dep.

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

36247

MARYLAND STATE DEPARTMENT OF HEALTH

02518

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1531 Oak Grove Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER	CAWLEY	RIEDEL	March	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Jan. 26, 1944	6 yrs.				

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter L. Riedel
14. MOTHER'S MAIDEN NAME: Marian Cawley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Walter L. Riedel - 1531 Oak Grove Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 / 183

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) Accident

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death: House under construction fr grade in water - cesspool to be deep Construction

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Catonsville | (COUNTY) Balto. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 27 1950 5-40 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Child fell in cesspool - hole at place house was constructed

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

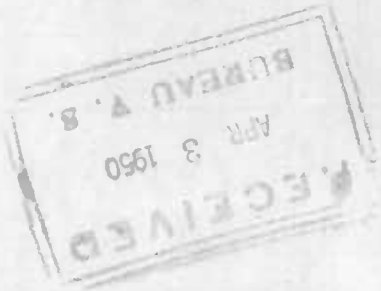
SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jer. M. Kiefer M.D. Chas. Bldg. Cor. Baltimore & Charles | 3-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/30/50	Cathedral	Baltimore	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-30-50	V.E. Harvey	George A. Farley	Catonsville, Md.

VS. A15A


RECEIVED
APR 3 1950
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

Registered No. 30 025191

1. NAME OF DECEASED (Type or Print): JOHN A. RITZ, Sr.

2. DATE OF DEATH: Mar. 17, 1950

3. PLACE OF DEATH: A. ~~Baltimore City~~ Maryland Balto. County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville 4633 Wilkens Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ******* Catonsville
D. STREET ADDRESS (If rural, give location): 4633 Wilkens Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	June 18, 1888	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Ice Factory

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ritz

14. MOTHER'S MAIDEN NAME: Katherine Blouse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Florence Ritz ADDRESS: 4633 Wilkens Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Thrombosis	10 min.
DUE TO		
ANTECEDENT CAUSES	(B) Hypertensive CVD	4 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
	(C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

420.1

93d

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 16, 1944, *to* March 17, 1950, *that I last saw the deceased alive on* July 20, 1948, *and that death occurred at* 10:30 p *m., from the causes and on the date stated above.*

23A. SIGNATURE: Leonard Geiger M. D.

23B. ADDRESS: 310 W. Baltimore St.

23C. DATE SIGNED: 3/16/50.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3/21/50

24C. NAME OF CEMETERY OR CREMATORY: Balto. Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 3/20/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: 3560 Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02520

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 E. Elm Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea STREET ADDRESS (If rural, give location) 9 E. Elm Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	E.	ROBSON	Mar. 27. 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	Sept. 4, 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Ohio	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maurice Davis	Rachel Marlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Phylis Haurahan, 9 E. Elm Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	20 yr.
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Mar. 27, 1950, that I last saw the deceased alive on Mar. 24, 1950 and that death occurred at 11:20 AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Adam Shapiro	M.D.	6232 Delair Rd,	Mar. 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/28/50	Windsor Hill	Bellaire Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/50	H. W. Hedrick	J. M. Cook	1217 E. Coul St

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02521

CERTIFICATE OF DEATH

FILM No: G 1 2 MAR 22 1950

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 62 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3802 Beech Ave.,

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) J. (Last) RODGERS

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-12-07

9. AGE last birthday: 42 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Rodgers

14. MOTHER'S MAIDEN NAME: Minnie Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.0 **Immediate cause** (a) RETICULUM CELL SARCOMA - Retroperitoneal (3/22/50 AS.) — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

46h Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NONE

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-, 1950, to 3-9-, 1950, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE R. E. McDONALD, M.D. (Degree or title)

ADDRESS VAH, Ft.Howard, Md.

DATE SIGNED 3-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/13/50

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/10/50

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR: Henry W. Mears, H. W. Mears Son

ADDRESS: Balto., Md.

V1292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02522

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bird River Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase
STREET ADDRESS (If rural give location): Bird River Grove Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) G. (Last) ROEDEL

4. DATE OF DEATH: (Month) March (Day) 18th, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 18th, 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Roedel

14. MOTHER'S MAIDEN NAME: Clara - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. John G. Roedel, Bird River Grove Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 2 days

443 / 434 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Vascular Hypertensive Disease — 10 years

(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1947, to March 18, 1950, that I last saw the deceased alive on March 17, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Michael J. Dausch — (Degree or title) M.D. — ADDRESS: 4636 Belair Rd. — DATE SIGNED: 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: March 21, 1950 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 3/20/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Loudon Funeral Home — ADDRESS: 7401 Belair Rd.

000 VV

02523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore, 28, Md.~~ Catonville
LENGTH OF STAY (in this place) 20 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Seton Institute COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural give location) Seton Institute

3. NAME OF DECEASED (Type or Print) (First) Rosa Roeder (Middle) — (Last) Roeder

4. DATE OF DEATH (Month) 3 (Day) 1 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9/14/1861
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Kathman
14. MOTHER'S MAIDEN NAME Mary Freese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Records of Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arterosclerotic heart disease with failure	uk
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/22/48, 19....., to 3/1/50, 19....., that I last saw the deceased alive on 3/1/50, 19....., and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Fuchs, M.D. (Degree or title) ADDRESS Spring Grove State Hospital DATE SIGNED 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 3/4/50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 3/2/50
REGISTRAR'S SIGNATURE H.W. Hedrick Dm
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

02524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Towson — LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore-Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6423 Hudson

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) ROLEK (Last)

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Nov. 10, 1931

9. AGE last birthday: 18 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy girl

10b. KIND OF BUSINESS OR INDUSTRY: Town movie

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Rolek

14. MOTHER'S MAIDEN NAME: Mary Rakasecke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-28-3520

17. INFORMANT Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval between onset and death: about 5 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1950, to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE W A Brides — (Degree or title) M.D., Supt., — ADDRESS Eudowood Sanatorium, Towson 4, Md. — DATE SIGNED 3-6-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-10-50 | NAME OF CEMETERY OR CREMATORY St Stanislaus Cem | LOCATION (City, town, or county) Balto. City (State)

DATE REC'D BY LOCAL REG. 3/8/50 | REGISTRAR'S SIGNATURE A. W. Hydrick | 24. FUNERAL DIRECTOR John M. Weber | ADDRESS 401 S. Chester St

27298

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02525

CERTIFICATE OF DEATH

Reg. Dist. No. X5

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Twin River Beach Rd.	STREET ADDRESS (If rural give location) W. Twin River Beach Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CATHERINE (KATIE) M. ROTH

4. DATE OF DEATH (Month) (Day) (Year): March 1st, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
female	white	widowed	Aug.25,1878	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sewing	Factory	Balto., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Murgotten	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	215-03-6898	Mr. Roy Roth, 117 New Battle Grove Rd. (22)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic Myocarditis — 1 yr.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — no

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
no	no	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15th, 1950, to March 1st, 1950, that I last saw the deceased alive on March 1st, 1950, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. White, M.D. 422 Eastern Ave., Baltimore 21, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Mar.3,1950	Ebenezer Meth. Cemetery	Chase, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/2/50	H.W. Hedrick	Lassahn Funeral Home	7401 Belair Rd.

49644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

422
Einstein

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02526

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River — LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): Ridge Rd. & Babikow Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES		ROYAHN	March	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Sept. 2, 1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: contracting
11. BIRTHPLACE (State or foreign country): Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Royahn
14. MOTHER'S MAIDEN NAME: Eliz. Sueck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes - W.W. I
16. SOCIAL SECURITY NO.: 215-01-2864
17. INFORMANT: Mrs. Chas. A. Royahn, Raspeburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Cardiac failure	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Luetic heart disease	30 yrs
(c)	Aortic insufficiency, aortic aneurysm	30 yrs

023 X
30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1943, to March 3, 1950, that I last saw the deceased alive on March 2, 1950 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller MD	Ridge Road, Baltimore 6 Md	March 3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Mar. 6, 1950	Parkwood	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 6. 1950	Mrs. O. L. Reifsnider	Lansdale Funeral Home	7401 Belair Rd.

30849

VS. A15

RECEIVED
MAR 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02527

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn Balto 7 | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3653 Campfield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7. - Lochearn
STREET ADDRESS (If rural, give location) 3653 Campfield Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN.	HOWARD.	SAYLOR.	Mar	1	1950.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male.	White.	married	Aug 16, 1899	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shipping Clerk.	Hardware	Balto.	U.S.A.

13. FATHER'S NAME: Chas. Saylor

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	213-03-0040.	Violet Saylor (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carbon Monoxide Poisoning.	6 hrs.
891.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
178B (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Garage.	Balto. 7.	Balto	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Mar	1	'50.	2:30 a.m.			Was working on car in Garage Doors Closed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples Md. Exam.	M.D.	Reisterstown	3-1-'50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 4th 1950	Loudon Park Cem.	Fredrick Road

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/2/50	C. H. Hedrick	Leo B. Brooks	1703 N. Patterson Park Ave

22660

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02528

CERTIFICATE OF DEATH

Reg. Dist. No. 58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1918 Taylor Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 1918 Taylor Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HELENA	JOHANNA	SCHEPER	March 15th, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	single	Dec. 29, 1872	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	own home	Balto., Md.	USA

13. FATHER'S NAME: Frederick Scheper

14. MOTHER'S MAIDEN NAME: Elizabeth Hackstedt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Miss Elizabeth Scheper, 1918 Taylor Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 5 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/10, 1950, to 3/15, 1950, that I last saw the deceased alive on 3/14, 1950, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold A. Gott	M.D.	8100 Harford Rd.	3/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Mar. 18, 1950	Holy Redeemer	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-20-50	R. M. Bacon	Lasonby Funeral Home	7401 Belair Rd.

RECEIVED
DEC 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02529

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville-rural Balto.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Dreher Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville-rural Balto.; STREET ADDRESS (If rural, give location) 6 Dreher Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FREDERICK (Last) SCHMIDT

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 25, 1864

9. AGE: 85 yrs. If under 1 birthday: If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoe maker - ret.

10b. KIND OF BUSINESS OR INDUSTRY: Hess Shoe Co.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Schmidt

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles F. Schmidt - 6 Dreher Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493 Immediate cause (a) Heart failure — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — year

(c) Pneumonia — 48 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia (?)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1950, to 3/17, 1950, that I last saw the deceased alive on 3/17, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Louis Dahlman (Degree or title) ADDRESS 1413 Reisterstown Rd. Pikesville 8, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial; DATE 3/20/50; NAME OF CEMETERY OR CREMATORY Baltimore Cemetery; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/20/50; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC.

BALTIMORE - 13, MD.

49621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02530

CERTIFICATE OF DEATH

Reg. Dist. No. 4Y

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golden Ring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Md.
STREET ADDRESS (If rural give location) Golden Ring Rd.

3. NAME OF DECEASED (Type or Print): (First) Emil (Middle) August (Last) Schultz

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH 3/16/75 | 9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker | 10b. KIND OF BUSINESS OR INDUSTRY: G. E. Co Employee | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 074-01-2402

17. INFORMANT Rev. John Schauer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic-Cardio-Vascular Disease	1 yr
420.1 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1950, to March 23, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W. Baumgardner M.D. | Balto 6 Md | 3-23-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/27/50 | NAME OF CEMETERY OR CREMATORY Valley Cemetery | LOCATION (City, town, or county) (State) Schenectady, New York

DATE REC'D BY LOCAL REG. 3-23-50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Lanahan Funeral Home | ADDRESS 7401 Belair Rd.

496 35

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02531

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Bishops Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 30 Bishops Lane

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Schweizer (Last)

4. DATE OF DEATH (Month) 3 (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/25/1883
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY Distillery
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Conrad Schweizer
14. MOTHER'S MAIDEN NAME Sophie Gebrunner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 212-05-2229
17. INFORMANT AND ADDRESS Bertha Schweizer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
400.1	Immediate cause	(a) Myocardial infarction	Unknown
	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1946, to March 20, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 7 00 A m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Magness (Degree or title) MD ADDRESS Catonsville 28, Md DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/22/50
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) Howard County (State) Md

DATE REC'D BY LOCAL REG. 3-22-50
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR Mac Noah & Son ADDRESS

602 XO

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02532

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 132 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2806 Hamilton Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) CHRISTOPHER (Middle) T. (Last) SEBALD

4. DATE OF DEATH: (Month) March (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-21-96

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clinical Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bnd. Rlr.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sebald

14. MOTHER'S MAIDEN NAME: Annie Bornhorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes ✓ (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

520 X **Immediate cause** (a) MYOCARDIAL FAILURE — Interval Between Onset and Death: Unknown

114 e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumothorax, right — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-, 1949, to 3-27-, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 10:55 A m., from the causes and on the date stated above.

SIGNATURE: [signature] M.D. (Degree or title) ADDRESS: VAH, FT. HOWARD, MD. DATE SIGNED: 3-27-50

VA

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/30/50

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Belair Rd., Balto., Md.

DATE REC'D BY LOCAL REG. 3/29/50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Leonard J.Ruck ADDRESS: 5305 Harford Rd.,Balto.Md.

VS-A15

XVX 47

02533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Vista Rd. & Cedar Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural, give location) Mt. Vista Rd. & Cedar Lane

3. NAME OF DECEASED (Type or Print) (First) FANNIE (Middle) (Last) SEITZ

4. DATE OF DEATH (Month) March (Day) 20, (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Apr. 17, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Hornung
14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-6094 B
17. INFORMANT AND ADDRESS Kingsville, Md. Mrs Porter C. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	3 yrs.
420.1 Antecedent cause(s)	(b) Coronary Thrombosis	4 yrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardiovascular Dis	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1946, to Mar. 20, 1950, that I last saw the deceased alive on 3/18, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson M.D. (Degree or title) ADDRESS Fork, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 3/22/50
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 3/22/50
REGISTRAR'S SIGNATURE A. W. Helnick
24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS
BALTIMORE - 13, MARYLAND

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Evidence for addition in #18 shown on:

FILM No. G 125 APR 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02534

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 119 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 19 Gorman Avenue

3. NAME OF DECEASED (Type or Print) (First) EVERETT (Middle) W. (Last) SHAWEN
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/8/14
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harris T. Shawen
14. MOTHER'S MAIDEN NAME Clara Kimball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Records,Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) RHEUMATIC ENDOCARDITIS WITH MITRAL STENOSIS AND CALCIFICATION	Unknown
401.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
92b	(c) (Rheumatic fever active at time of death. 4-21-50 -ams)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/29/49; 1/3/50
19b. MAJOR FINDINGS OF OPERATION Bilateral amputations, legs
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 1, 1949, to March 30, 1950, ~~that I last saw the deceased alive on xxxxxxxxxxxxxxxxxxxx 19xxx~~, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. C. Manaugh
H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERV., VAH, FORT HOWARD, MD. 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3 Apr. 50
NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. April 3-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wippert Funeral Home, Balto., Md.
F. B. Wippert & Son

XVX 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 6 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Carroll Co ~~COUNTY~~ Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berrett
STREET ADDRESS (If rural, give location) Rural - Sykesville

3. NAME OF DECEASED (Type or Print) (First) Matthew (Middle) (Last) Shipley

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-17-1867
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John W. Shipley.
14. MOTHER'S MAIDEN NAME Eliza Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Robert Shipley, Ellicott City. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) MYOCARDITIS (HEART BLOCK)	3 mos
93 e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
		(c) —	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-15, 1950, to March-29, 1950, that I last saw the deceased alive on March-23, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-31-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Brandenburg
LOCATION (City, town, or county) Berrett, Carroll Co. (State) Md

DATE REC'D BY LOCAL REG. 3-30-50
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR C M Waltz ADDRESS Winfield Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

M

02536

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4812 Benson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural, give location) 4812 Benson Ave

3. NAME OF DECEASED (Type or Print) Mary (First) Elizabeth (Middle) Shoemaker (Last)
4. DATE OF DEATH (Month) Mch (Day) 31 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jany 13 1874
9. AGE last birthday 76 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert H Shoemaker
14. MOTHER'S MAIDEN NAME Margaret Lemmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Emma Dart Wash Dc

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M Kieffer MD (Degree or title) Dep Med Exam Balto Co ADDRESS 1010 Leeds Ave DATE SIGNED April 3 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 3, 1950
NAME OF CEMETERY OR CREMATORY Lodan Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. April 3-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Charles J. Schwab ADDRESS 3512 Frederick Av

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

02537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yr. 5 mo. 16 da

Hospital, institution, or street address where death occurred:
Baltimore County Home

How long in hospital or institution? 2 yr. 5 mo. 16 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Texas
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Willis G. Sieger

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife: Clara Kepler Sieger

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1865

8. AGE: Years: 85 Months: Days: 15 If less than one day ... hrs. ... min.

9. Birthplace: Billings Montana
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Unk.

FATHER
12. Name: George Grant Sieger
13. Birthplace: unknown

MOTHER
14. Maiden name: Sarah A. unknown
15. Birthplace: unknown

16. Informant: Baltimore County Home Register
Address: Texas Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 1950
(month) (day) (year)

Removal
Cemetery or crematory

Location: Allentown, Penn.

18. Funeral director: Wm. J. Lichner & Sons ~~J. F. Burkholder Funeral Home~~
North & Penn. Ave. Balto. Md. 1601 Hamilton St.
Address: Allentown ~~Pennsylvania~~

19. March 2 1950
(Date rec'd by registrar)
Wm. J. Chilcoat
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2 1950, at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/14 1947, to 3/2 1950
and that I last saw him alive on 3/1 1950

Immediate cause of death: Pulmonary Hemorrhage — DURATION: 24 hrs.

Due to: Carcinoma (Lung.) — 1 yr.

Due to:

Other conditions: 163 47d
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Enson M.D.
M. D. or other

Address: Cockeysville Md. Date signed: 3/2/50

32644

VS A15 9-45-15M

(I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1950
BUREAU V. S.

02538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5417 Clifton Ave.	STREET ADDRESS (If rural, give location) 5417 Clifton Ave.

3. NAME OF DECEASED (Type or Print)	(First) Winona	(Middle) Margaret	(Last) Simmons	4. DATE OF DEATH	(Month) March (Day) 8, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 31, 1910	9. AGE last birthday 39 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph B. Simmons		14. MOTHER'S MAIDEN NAME Clara E. Galvin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Chester B. Simmons 5417 Clifton Ave			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

160X Immediate cause (a) Cancer of Antrum Eye — 1 year

Antecedent cause(s)

47a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sozus and Anaplasia

(c) Stomatitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch, 1949, to Mch 8, 1950, that I last saw the deceased alive on Mch 8, 1950 and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. C. Smith	4509 Liberty Hgts Ave Baltimore	3.9.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-11-50	NAME OF CEMETERY OR CREMATORY Lorraine Park	LOCATION (City, town, or county) Woodlawn, (State) Md.
DATE REC'D BY LOCAL REG. 3/10/50	REGISTRAR'S SIGNATURE A. St. Heldrich	24. FUNERAL DIRECTOR G. Howard Strong	ADDRESS 3207 W. North Ave.,

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: Catonsville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 3 mths	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none	STREET ADDRESS (If rural, give location): Old Frederick Road & Winters Lane

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) — (Last) Simms			4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1950	
5. SEX: Fm.	6. COLOR OR RACE: Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Jan. ? 1903	9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: Private Family	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Albert Sharp		14. MOTHER'S MAIDEN NAME: Edith ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): none	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: June Johnson - Old Frederick Rd & Winters Lane		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 X Immediate cause	(a) Rt. Hemiplegia	5 days.
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiac Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1950, to 1-5-, 1950, that I last saw the deceased alive on 1-5-, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Maloney MD		57 Winters Lane Balto. 28. Md	3-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/10/50	NAME OF CEMETERY OR CREMATORY: Mt. Calvary	LOCATION (City, town, or county) (State): Cedar Hill Md.
DATE REC'D BY LOCAL REG.: 3/10/50	REGISTRAR'S SIGNATURE: A. W. Hefrick	24. FUNERAL DIRECTOR: Alfred Elmer Halstead	ADDRESS: 918 - Druid Hill Ave.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Notch Cliffe Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
STREET ADDRESS (If rural give location) Notch Cliffe Road

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) E. (Last) SIMMS

4. DATE OF DEATH (Month) March (Day) 23rd, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 3, 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Simms
14. MOTHER'S MAIDEN NAME Annie Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-14-3347
17. INFORMANT Mrs. Shugars, 2525 Greenmount Ave., Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 5 hrs.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23, 1950, to ....., 19....., that I last saw the deceased alive on 3/23, 1950, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md DATE SIGNED 3/24/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Mar. 26, 1950
NAME OF CEMETERY OR CREMATORY Waugh Chapel Cemetery
LOCATION (City, town, or county) Glenarm, Md. (State)

DATE REC'D BY LOCAL REG. 3/24/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Lassalle Funeral Home ADDRESS 7401 Belair Rd.

000VV

RECEIVED
APR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02541

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 67 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1924 E. Baltimore Street ✓

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) (Also Known as SMIALKOWSKI) (Last) SMIALKOWSKI
4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 8-20-1887
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Private Bus.-Self
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter Smialkowski
14. MOTHER'S MAIDEN NAME: Frances Kolankiewicz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Extreme Cachexia	2 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach with metastases to liver and peritoneum	1 Yr. plus
	(c)	

151
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-, 1950, to 3-13-, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3:55 P m., from the causes and on the date stated above.

SIGNATURE: H.C. Manauch
(Degree or title): H.C. MANAUCH, M.D. Chief Pro. Services
ADDRESS: VAH, Ft.Howard, Md.
DATE SIGNED: 3-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/17/50 | NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery | LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REG.: 3-16-50 | REGISTRAR'S SIGNATURE: J. W. Hedrick

24. FUNERAL DIRECTOR: M.F.SADOWSKI & SONS, | ADDRESS: BALTO., MD.

30819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02542

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middle River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Md.
STREET ADDRESS (If rural give location) Middle River Rd.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) L. (Last) Smiley
4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 6th 1871
9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY: B.&O.R.R.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Smiley
14. MOTHER'S MAIDEN NAME: Emma Lawrenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Robt. Smiley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Decompensation.	24 hours
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage.	9 days.
83a	(c) Arteriosclerosis.	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Mar. 20, 1950, that I last saw the deceased alive on March 19, 1950, and that death occurred at 1:20 a. m., March 20, 1950 from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philibert Artigiani	M. D.	2942 E. Fayette Street Baltimore 24, Maryland	3/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/22/50	Grace Reformed	Taneytown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-21-50		Lassahn Funeral Home	7401 Belair Rd

24047

2942 E. Fayette St.
Dr. Artigiani

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02543

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) Approx. 13 Hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 2006 Forest Park Avenue

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) L.	(Last) SMITH	4. DATE OF DEATH	(Month) March	(Day) 15,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9-27-92	9. AGE last birthday 57 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter General	10b. KIND OF BUSINESS OR INDUSTRY Construction + repair	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Smith		14. MOTHER'S MAIDEN NAME Mary Favell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dilatation and hypertrophy right heart with failure	Unknown
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95c	(b) Pulmonary Emphysema	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S M Learmond MD	Deputy Medical Examiner	Bettie Co. Dundalk 22/50	3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-17-50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 3-16-50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR G. Howard Strong,	ADDRESS 3207 W. North Ave. Balto., Md.

308V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02544

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall | MARYLAND LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE OF DECEASED: STATE Maryland COUNTY Balto CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Hall STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laura	C	Smith	3	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Widowed	3-4 1881?	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Wash Co Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Augustus Evans	Jane Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		August Smith, Funeral (HIMONIUM) Md Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause (a) Cerebral Hemorrhage - Left -	48 hours
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 26, 1950, to....., 19....., that I last saw the deceased alive on March 26, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE T. A. de Quevedo, M.D. (Degree or title) ADDRESS Box 6767, Towson, 4, Md DATE SIGNED 3/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-29-50	Mt Marion	Towson Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/50	F. W. Hedrick	Edward Tolson	2359 Wash Blvd Balto 30 Md

VS. A15

02545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Winters Lane	STREET ADDRESS (If rural, give location) 46 Winters Lane

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Louise	(Last) Smith	4. DATE OF DEATH	(Month) March	(Day) 7	(Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Aug. 10, 1882	9. AGE last birthday 67 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William Smith	14. MOTHER'S MAIDEN NAME Mary Roads						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS M's Emily Smith 46 Winters Lane					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	2 week
	(c)	

480x

33b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1950, to Mar 7, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thos J Hoarbridge	MD	Elkridge, Howard Co	Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-10-50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) Atholton,	(State) Md.
DATE REC'D BY LOCAL REG. 3/9/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR (Mrs) Frances A. Hemsley	ADDRESS 578 W. Biddle St.	

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02546

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 4315 Barrington Rd

3. NAME OF DECEASED (Type or Print) (First) Martha A. (Middle) Southcomb (Last)

4. DATE OF DEATH (Month) (Day) (Year) 3 - 18 - 50 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-24-1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James McCullough
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Chas. Southcomb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 19, 1946
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1950, to March 18, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE Leo J. Gaver M.D. (Degree or title) ADDRESS 1 Mallow Hill ave., Baltimore, Md DATE SIGNED 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-21-50
NAME OF CEMETERY OR CREMATORY Evangelical Cem
LOCATION (City, town, or county) Glen Rock (State) Pa.

DATE REC'D BY LOCAL REG. 3-21-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Geo. L. Beyer Jr 1512 Hollins St ADDRESS

Dr Graves
Mallow Hill + North Bend Rd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

025471

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 438 S Chapel Gate Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) S (Last) Parker

4. DATE OF DEATH: (Month) Mch (Day) 25 (Year) 19 50

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widwd | 8. DATE OF BIRTH: Feb - 1884 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY: Am Russ

13. FATHER'S NAME: unkn | 14. MOTHER'S MAIDEN NAME: unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

293 Immediate cause (a) Acute Cardiac failure

732 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Anemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jos M. Kieffer MD Dept Balto Co 1010 Leadenhall 3-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 3/27/50 | NAME OF CEMETERY OR CREMATORY: Boswell Pa. | LOCATION (City, town, or county) (State): Johnstown Pa.

DATE RECD BY LOCAL REG.: 3/22/50 | REGISTRAR'S SIGNATURE: Alvo Hedrick | 24. FUNERAL DIRECTOR | ADDRESS: Lilly & Zeiler Inc. 403 S. Wolfe St. Balto.

Dos

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

CHANGE OF AGE & BIRTHDATE: affidavit of INFORMANT - film G125 4-4-50 LL

02548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH — COUNTY: Glen Arm — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Co. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Magledt Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Glen Arm
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Co.
STREET ADDRESS (If rural, give location): Magledt Avenue

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Sparr

4. DATE OF DEATH: (Month) Mar (Day) 11 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar 29 1874 (1868 69)
9. AGE last birthday: 75 (78 80) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Sparr
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebral hemorrhage — 2 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CVD — 1

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1950, to 3/11, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 2 15 P m., from the causes and on the date stated above.

SIGNATURE: Harold A. Grott, M.D. (Degree or title) — ADDRESS: 8100 Harford Rd. — DATE SIGNED: 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/14/50 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 3/14/50 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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89

1870

1912

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02549

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor; LENGTH OF STAY (In this place) 17 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6040 Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.; STREET ADDRESS (If rural give location) 6040 Central Ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Brisco (Last) Sparrow

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 9, 1889

9. AGE last birthday: 60 yrs.; If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Contr.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Henry Sparrow

14. MOTHER'S MAIDEN NAME: Charlotte Marion Hartken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-0957

17. INFORMANT: Elizabeth Belle Sparrow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1950, to 3-26, 1950, that I last saw the deceased alive on 3-26, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E Howell ADDRESS Catonsville DATE SIGNED 3-28

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation; DATE THEREOF Mar. 30, 1950; NAME OF CEMETERY OR CREMATORY Loudon Park; LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 3-30-50; REGISTRAR'S SIGNATURE V E Harris

24. FUNERAL DIRECTOR Easton Sons; ADDRESS Catonsville, Md.

420 V9

VS. A15

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APR 3 1950
BUREAU Y. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02550

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Chesaco Park

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Steiner
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1950
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 8-1884
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: House Painter
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Vincent Steiner
14. MOTHER'S MAIDEN NAME: Mary Kanzlik
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rudolf Steiner 521 Kenwood Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

490 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M B Davis (Degree or title) MD Dep Med. Examiner ADDRESS: Dundalk 2 Md DATE SIGNED: 3/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF: 4-3-50
NAME OF CEMETERY OR CREMATORY: Oak Hill
LOCATION (City, town, or county) (State): Balt Md

DATE REC'D BY LOCAL REG.: April 1st 1950
REGISTRAR'S SIGNATURE: R. W.
24. FUNERAL DIRECTOR: Philip E. Crach ADDRESS: 2716 E. Monument

340 V9

02551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 1256 Maple Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1256 Maple Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Edgar Stenner

3.(b) Social Security Number: 214 24 1290

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Eleanora E. Stenner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1893

8. AGE:

Years	Months	Days	If less than one day
56	3	1	..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Retired Bartender

11. Industry or business: Roach Bar

FATHER
12. Name: Henry Stenner
13. Birthplace: -----

MOTHER
14. Maiden name: Ka tie Almong
15. Birthplace: -----

16. Informant: Mrs. Eleanora Stenner

Address: 1256 Maple Ave. Arbutus, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/15/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd.

18. Funeral director: Harry H. Nitzke

Address: 4101 Edmondson Ave.

19. 3/14 1950 (Date rec'd by registrar) H.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12/50 19..... at 4 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946, to March 12 1950 and that I last saw him alive on March 2 1950

Immediate cause of death: Carcinoma of Lung — DURATION: Oct 1949

Due to: —

Due to: —

Other conditions: 163x 47d (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. W. Jacobson MD M. D. or other

Address: 2310 Eutaw Place Date signed: 3-13-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02552

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
LENGTH OF STAY (in this place): 10 yrs ± Employed
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hooper Plant, Glen Arm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Belair Md.
STREET ADDRESS (If rural, give location): 111 S. Bond Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John E Stevens
4. DATE OF DEATH (Month) (Day) (Year): March 29 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 4-1905
9. AGE last birthday: 44 yrs. If under 1 year: Months 11 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop Labor
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Rocks Harford co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor Stevens
14. MOTHER'S MAIDEN NAME: Sallie Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-19-7575
17. INFORMANT: Mrs John E Stevens Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Heart disease, coronary, occlusion Sudden	Sudden
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) Md. ADDRESS: DME. Towson Md DATE SIGNED: 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3-31-50
NAME OF CEMETERY OR CREMATORY: Bel Air Mem. Gardens
LOCATION (City, town, or county): Bel Air Harford (State) Md

DATE REC'D BY LOCAL REG.: Burial Mar 30-1950
REGISTRAR'S SIGNATURE: C. E. Arthur D.Y. Reg.
24. FUNERAL DIRECTOR: Martin G Kurtz ADDRESS: Jarrettsville Md.

988-37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02553

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wic. ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	T.	Stewart	Mar.	29	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	[illegible] 1890	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Auto	Berwins Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George P. Stewart	Mary North

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unk.		Hospital Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Myocardial infarction	
Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lung abscess	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 28, 19 50 to Mar. 29, 19 50, that I last saw the deceased alive on Mar. 29, 1950, and that death occurred at 11:55 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George S. Merrill MD	Spring Grove State Hospital	3-29-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/30/50	Berwins Methd	Berwins Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/50	A.W. Hedrick	Ullrich Funeral Home	

33284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02554

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point 19 | LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Point Rd. 376 A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Heinrich Friedrich Stratmann

4. DATE OF DEATH (Month) (Day) (Year) Mar 1 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec 21/1878 | 9. AGE last birthday 71 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Trucker | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Hermannsburg Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Heinrich Stratmann | 14. MOTHER'S MAIDEN NAME Sophie Marie Dorethe Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Geo. Stratmann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, Congestive — 6 days.

352x Antecedent cause(s)

83 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia

(c) Paralysis left. — 3 1/2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1920, to Feby 28, 1950, that I last saw the deceased alive on Feby 28, 1950, and that death occurred at 8 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. M. Carmine M.D. 88 Baltimore Ave. Dundalk 22 Md 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE Mar. 4, 1950 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/2/50 | REGISTRAR'S SIGNATURE H. W. Hedrick | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02555

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 18 yrs. 4 mos. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1247 S. Battery Avenue

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) G. (Last) STRICKER
4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 8, 1880
9. AGE last birthday: 69 yrs. If under 1 year: Months 3, Days 14; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Work
10b. KIND OF BUSINESS OR INDUSTRY: Tailoring
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Anton Stricker
14. MOTHER'S MAIDEN NAME: Margaret (?)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Records at Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Respiratory failure

Immediate cause (a) due to Carcinoma of the lung — Interval Between Onset and Death: Indefinite

163 X

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1931, to Mar. 22, 1950, that I last saw the deceased alive on Mar. 22, 1950, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: William J. Bryson M.D. (Degree or title) ADDRESS: Catonsville 28, Md. DATE SIGNED: 3/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/25/50
NAME OF CEMETERY OR CREMATORY: Holy Cross
LOCATION (City, town, or county) (State): Brooklyn Md
DATE REC'D BY LOCAL REG.: 3-23-50
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: L. J. Luck - 5305 Harford Rd. ADDRESS

36044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02556

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 3 yrs. 6 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard & Enoch Pratt Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2001 Park Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Andrews	Thomas	March	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Feb. 13, 1868	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jaes Andrews	Mary Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Josie Ross Pancoast (cousin)

18. MEDICAL CERTIFICATION & Hospital Records

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Failure — Interval Between Onset and Death: 3 months

422.2 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whiie at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 13, 1941, to March 22, 1950 that I last saw the deceased alive on March 21, 1950, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE: W. W. McClain (Degree or title): M.D. ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/50	Friends	Baltimore, Md.

DATE REC'D BY LOCAL REG. 3-23-50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: H. W. Meats and Son — ADDRESS: 805 N. Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02557

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
405 Virginia Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 405 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Clara Batty Thomas.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 11, 1879

8. AGE: Years: 70 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Towson, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel Batty
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie ?
15. Birthplace: Md.

16. Informant: M's Elsie Battie
Address: 405 Virginia Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-19-50 (month) (day) (year)
Cemetery or crematory: Pleasant Rest Cem.
Location: Towson Baltimore Co., Md.

18. Funeral director: Mrs. Frances A. Hemsley
Address: 578 W. Biddle St.

19 March 18 1950 (Date rec'd by registrar) R.C.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15, 1950, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 1 1949, to Mar 15 1950
and that I last saw her alive on Mar 15, 1950.

Immediate cause of death	DURATION
Coronary Occlusion	2 days
Due to: Arteriosclerosis + Hypertension	Unk.
Due to:	
Other conditions: 420.1 94a	

(Include pregnancy within 3 months of death:)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Green Jr. M.D.
M. D. or other
Address: Towson 4. Md. Date signed: 3/17/50.

02558

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Seminary Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; STREET ADDRESS (If rural, give location) Seminary Ave.

3. NAME OF DECEASED (Type or Print): (First) Sylverta (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: JAN. 18, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Lutherville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clark Chaney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Estelle Scott 4663 Falls Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
470X Immediate cause	(a) Heart disease, coronary occlusion, Sudden	Sudden
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cold (Respiratory)	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin C. Hudson M.D. D.M.E. Towson, Md. 3/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/27/1950

NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk.

LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE RECD BY LOCAL REG. 3/27/50

REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Holland Funeral Home ADDRESS: 1651 Druid Hill Ave.

VS. A15A

CERTIFICATE OF DEATH

Registered No. 30 02554

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marie Timerman

2. DATE OF DEATH: 3/6/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland Catonsville
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 17 Overbrook Rd
c. Length of stay in Baltimore: Life (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 17 Overbrook Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
FM	White	Single	6/8/1869	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Fitter	Hochschilds	New York	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	No	

17. INFORMANT — ADDRESS: Miss Lillie Sauner 17 Overbrook Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia - Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 6 days
DUE TO (B) chronic parenchymatous nephritis — 2 years
DUE TO (C) Arteriosclerotic type Heart disease with Cardiac hypertrophy and congestive failure - — several years
Generalized arteriosclerosis with hypertension

420.0 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

1310

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* March 6, 1950, *that I last saw the deceased alive on* March 5, 1950, *and that death occurred at* 10.00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. Michel M.D. M. D.	1015 Poplar Grove St.	March 6 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/9/50	Loudon Park	Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/6/50	A. W. Adrian	J.T. Stansbury	2700 Edmondson Ave. 43463

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baldwin — LENGTH OF STAY (in this place): 45 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baldwin
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hyde and Manor Roads	STREET ADDRESS (If rural give location): Hyde and Manor Roads

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) (Last) TOLLE			4. DATE OF DEATH (Month) March (Day) 20th, (Year) 1950		
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: June 6, 1885	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: at home		11. BIRTHPLACE (State or foreign country): Balto., Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Francis Fluegel			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none		17. INFORMANT: Mr. Howard Tolle, Sr., Baldwin, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 5 da.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 5 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1945, to March 20, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork, Md. 3/22/50

23. BURIAL CREMATION REMOVAL (Specify): burial	DATE THEREOF: March 24, 1950	NAME OF CEMETERY OR CREMATORY: St. John Lutheran	LOCATION (City, town, or county): Balto. Co.	(State): Md.
DATE REC'D BY LOCAL REG.: 3-23-50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belaird Rd.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02561

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White House | LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White House.
STREET ADDRESS — (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Catharine (Middle) Frances (Last) Tracy

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1950

5. SEX female | 6. COLOR OR RACE White | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH (Month, Day, Year) ~~October 1877~~ | 9. AGE last birthday 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown. | 14. MOTHER'S MAIDEN NAME ~~Unknown~~ Catharine F. RUPPERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. None. | 17. INFORMANT AND ADDRESS Mrs Thomas Tracy Upper. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 12 hrs.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ — | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/30, 1950, to 3/31, 1950, that I last saw the deceased alive on 3/30, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Joseph E. Bush, M.D. | Hampstead Md | 3/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Apr 2/50 | NAME OF CEMETERY OR CREMATORY Foreston | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 3-31-50 | REGISTRAR'S SIGNATURE Mary B. Eline | 24. FUNERAL DIRECTOR Edw C. Tipton | ADDRESS Hampstead Md

RECEIVED
APR 3 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02562

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Hanover Road

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Virginia (Last) Trager

4. DATE OF DEATH: (Month) (Day) (Year) March 31, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 2, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: B.V.D. Corp. Balto.

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Rachel E. McNeal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. C. C. McElhattan, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) CORONARY THROMBOSIS	2 hrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE - ARTERIOSCLEROTIC C.V. DISEASE	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/6/50

19b. MAJOR FINDINGS OF OPERATION: CHOLECYSTITIS & CHOLELITHIASIS

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

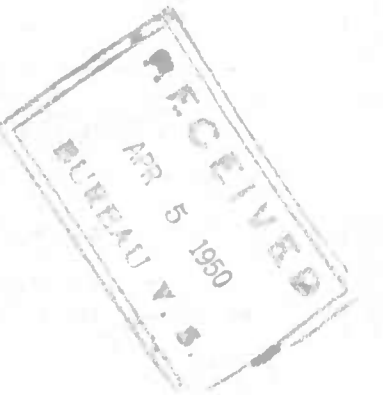
22. I hereby certify that I attended the deceased from 3/2, 1949, to 3/31, 1950, that I last saw the deceased alive on 3/31, 1950, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 3/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 3, 1950
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 4-2-50
REGISTRAR'S SIGNATURE: Mary B. Eline
24. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

496-06


RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02563

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Md. Valley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison; STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Grace (Last) Tucker

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 1/1/1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook, Rosebud Training School

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas E. Summers

14. MOTHER'S MAIDEN NAME: Grace Leonhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 219-10-9689

17. INFORMANT: Violet Warren. Garrison, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fractured Skull (ct. base)	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound Fracture left tibia & Fibula	30 min
	(c) Struck by auto.	

8125
170 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Garrison — (COUNTY) Balto. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 19 '50 5:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Struck by car while crossing street.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

D. D. Caples, M.D. Med. Exam. — Reisterstown, Md. — 3-21-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/22/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/21/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Frank H. Mauell, Pikesville, Md.

72092

Evidence for addition of 4 and change in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02564

FILM No. G 12 MAR 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm Md
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) L. (Last) Twining

4. DATE OF DEATH: (Month) Mar. (Day) 6, (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: May 24 - 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days 12. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: D. Halsell Twining

14. MOTHER'S MAIDEN NAME: Alice Bayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Chas Twining Glenarm Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Cerebral Thrombosis — 8 Mos.

443 X

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b): Hypertensive Cardiovascular Dis. — 5 yrs.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 1944, to 3/6, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson M.D. Fork, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 8 - 50 — NAME OF CEMETERY OR CREMATORY: Wraught Chapel Cem — LOCATION (City, town, or county) (State): Glenarm Md.

DATE REC'D BY LOCAL REG.: Mar 6-50 — REGISTRAR'S SIGNATURE: C. E. Arthur D. T. — **24. FUNERAL DIRECTOR**: C. E. Arthur — ADDRESS: Fork Md.

OOOVV

RECEIVED
MAR 10 1950
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02565

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York Road, at Pace Hills - Mt. Wash. P.O.
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Wood	Tyson III	March	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Dec. 2nd 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manufacturer	Fishing Tackle	Baltimore Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mordecai Dawson Tyson	Margaret Spragg Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	217-20-7132	Daughter - Margaret Gould Tyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arteriosclerosis - Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19..., to Mar. 21, 19.50, that I last saw the deceased alive on Mar 20, 19.50, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE Walter E. Bayer (Degree or title) ADDRESS 1101 St Paul St DATE SIGNED 3/22/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	3-23-1950	FRIENDS CEM.	BALTO.	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/50	R. W. Hedgcock	H.W. JENKINS & SONS CO.	4905 YORK RD.

15643

VS. A15

DR. W.A. BAETJER
1101 ST. PAUL ST.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02566

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 115 W. Susquehanna Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 115 W. Susquehanna Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) CARROLL (Last) VAN HORN

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 17, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker

10b. KIND OF BUSINESS OR INDUSTRY: General Ins. Off.

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Van Horn

14. MOTHER'S MAIDEN NAME: Zo Everest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Bessie J. VanHorn, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus	1 hour
Antecedent cause(s) 463 X 1006 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebitis (Right Leg)	3 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1950, to Mar 3, 1950, that I last saw the deceased alive on Mar 3, 1950, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hunt Green Jr. M.D. Towson-4-Md 3/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Mar 6, 1950
NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: March 4, 1950
REGISTRAR'S SIGNATURE: W.M. Bacon

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

27480

VS. A15

RECEIVED
MAR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02567

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 103 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 506 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) JEROME (Middle) C. (Last) VOLLAND

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-23-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Volland

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I & PTE

16. SOCIAL SECURITY NO.: 217-12-0489

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung, metastatic to adrenals and brain. — Interval between onset and death: unknown

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

47d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-, 1949, to 3-15-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 3:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): CLYDE B. COPE, M.D. ADDRESS: VA DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/18/50 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 3-17-50 — REGISTRAR'S SIGNATURE: E. A. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, Balto., Md.

Md 26687 Mildred I. Blight, 6009 Harford Rd.

02568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1708 Yokana Road	STREET ADDRESS (If rural, give location): 2611 Barclay Street ✓

3. NAME OF DECEASED (Type or Print)	(First) HANNAH	(Middle) FARLEY	(Last) WAGNER	4. DATE OF DEATH	(Month) March. (Day) 2, (Year) 1950 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Oct. 10, 1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John L. Noriconk	14. MOTHER'S MAIDEN NAME: Elizabeth Hoy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Family Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V. Disease — ?

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1950, to Mar. 2, 1950, that I last saw the deceased alive on Mar. 2, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathan Janney	M.D.	7101 Harford Rd.	3/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 6, 1950	NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery	LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG.: 3/4/50	REGISTRAR'S SIGNATURE: A. M. Bacon	24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland	ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7101 Harford

MARYLAND STATE DEPARTMENT OF HEALTH

02569

CERTIFICATE OF DEATH
- FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge Harlem Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena. Lake Shore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) M (Last) Wagner
4. DATE OF DEATH (Month) Mch (Day) 26 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 11 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John C Dorsey
14. MOTHER'S MAIDEN NAME Mary M. Darch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT William E Wagner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Def Med. ADDRESS DATE SIGNED
G. M. Kieffer MD Exam. Balto Co. 1010 Leeds ave 3-26-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3/29/50
NAME OF CEMETERY OR CREMATORY CATHEDRAL CEM.
LOCATION (City, town, or county) (State) BALTO., MD.
DATE REC'D BY LOCAL REG. 3/28/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Wm J. TICKNER & SONS ADDRESS BALTO.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02570

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Dunmore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 8 Dunmore Rd.

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) A. (Last) WALKER

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 13 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Miles Malloy

14. MOTHER'S MAIDEN NAME: Mary Ann Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs W. B. Tarnett 8 Dunmore Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Ventricular Failure — Interval Between Onset and Death: 5 minutes

443 X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

930

(b) Chronic Auricular Fibrillation — 13 yr.

(c) Hypertensive Cardio-Vasc. Disease — 15 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1945, to March 1, 1950, that I last saw the deceased alive on Feb 25, 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilma K. Gallagher M.D. Catonsville-28, Md. 3-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/6/50 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 3-4-50 — REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR ADDRESS: George A Talley - Catonsville, Md.

RECEIVED
MAR 6 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02571

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Pratt, Towson, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural, give location) 1832 Park Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maxwell	Gordon	Wallace	March	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 30, 1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Bank	Virginia	

13. FATHER'S NAME Samuel Wallace

14. MOTHER'S MAIDEN NAME Mary Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation (asphyxia) by hanging, suicide, made	3/6/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melancholia, involutional	3 yrs
	(c)	

9-7-4-X
164 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Collins Hudson M.D.	D.M.E.	Towson, Md	3/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Mar. 7, 1950	L.T. CHRISTIAN, FUNERAL HOME	RICHMOND, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-6-50	B. M. Bacon	JOHN BURNS' SONS,	TOWSON, Md.

p.n.g.

256 8V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 8 1950
BUREAU V. S.

02572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 2 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 512 E. Eager Street

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) P. (Last) WARD, JR.				4. DATE OF DEATH (Month) March (Day) 20, (Year) 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 9-9-1902	9. AGE last birthday: 47 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY: Refrigerator Co.		11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Ward			14. MOTHER'S MAIDEN NAME: Margaret Murphy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-2		16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure	
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47d	(b) Carcinoma of lung with metastases to mediastinum, and liver	Approx. 20 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 3-18-, 1950, to 3-20-1950, ~~that I last saw the deceased alive on 19 and that~~ death occurred at 6:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft.Howard, Md.	3-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: ✓	NAME OF CEMETERY OR CREMATORY: New Cathedral Cem	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 3-21-50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Elmer W. Conklin	ADDRESS: 924 E. Eager St.,Balto.,Md

43260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Reisterstown

3. NAME OF DECEASED (Type or Print) (First) William (Middle) M. (Last) Washington

4. DATE OF DEATH (Month) March (Day) 12, (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 19, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Farm hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Charles Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wesley Washington
14. MOTHER'S MAIDEN NAME Alberta (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT John Beard, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Myocarditis - Chronic	3 yrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c) Arteriosclerosis	✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐ ✓

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-1945, 19..., to 3/12/1950, that I last saw the deceased alive on 3/7/50, 19..., and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE James L. Saffel (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 15, 1950
NAME OF CEMETERY OR CREMATORY Piney Grove
LOCATION (City, town, or county) (State) Boring, Balto. Co.

DATE REC'D BY LOCAL REG. 3-14-50
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md. ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02574

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Ellicott City — LENGTH OF STAY (In this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westchester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural give location): Westchester Ave.

3. NAME OF DECEASED (Type or Print): (First) B. (Middle) HAMMOND (Last) WATERS

4. DATE OF DEATH: (Month) Mar. (Day) 9th, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	11/1/86	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrical Appliance	Dept. Store	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wightman Waters	Drusilla Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	215-01-7863	Mrs Martha A. Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma, lung, RT	Unknown
163 X 472 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 11, 1949, to March 9, 1950, that I last saw the deceased alive on March 8, 1950, and that death occurred at 10 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Magness	MD	Catonsville 28, Md	3-11-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/13/50	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-50	V. E. Harry	Easton & Sons	Ellicott City Md.

27863

RECEIVED
MAR 14 1950
BUREAU V. R.

02575

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 621 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 621 E. Joppa Road

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Wells
4. DATE OF DEATH (Month) March (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 28, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Cost Accounting
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alfred Wells
14. MOTHER'S MAIDEN NAME Sarah Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Madeleine Wells, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia, gas poisoning. Suicide	Sudden
9734 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 163X	(b) Mental depression	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson Md. (Degree or title) ADDRESS D.M.E. Towson Md DATE SIGNED 3/14/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Mar. 17, 1950
NAME OF CEMETERY OR CREMATORY New Cathedral Cem
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. 3/16/50
REGISTRAR'S SIGNATURE H. W. Hedrick Dep
24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

210-93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Dr. Farber 914 Det. Sparrows Pt 146

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02576

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Battle Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) New Battle Grove Rd.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) J. (Last) Wells

4. DATE OF DEATH (Month) (Day) (Year) 3/16/50 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 2 1865
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Balto. Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas J. Wells
14. MOTHER'S MAIDEN NAME Susan J. Collins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Laban Wells Dundalk Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolism	2 mos.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to March 16, 1950, that I last saw the deceased alive on March 10, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE Robert E. Farber (Degree or title) M.D. ADDRESS Sparrows Point, Md DATE SIGNED 3-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/20/50
NAME OF CEMETERY OR CREMATORY Camp Chapel
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. Mar. 17-50
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

02577

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Texas
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yr. 1 mo 7 da.

Hospital, institution, or street address where death occurred: Baltimore County Home

How long in hospital or institution? 6 yr. 1 mo. 7 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Granite
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Hamilton White

3.(b) Social Security Number: —

4. Sex: male

5. Color or race: col.

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: Angeline Beal White

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 1, 1854

8. AGE: Years: 96 Months: 2 Days: 7 If less than one day ..... hrs. ..... min.

9. Birthplace: Cooksville. Maryland.
(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER
12. Name: Daniel White
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Susia Plummer
15. Birthplace: Maryland.

16. Informant: Mr. Fred Offutt

Address: Granite Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 8 1950 (month) (day) (year)

Cemetery or crematory: Balto. Co., Home Cemetery

Location: Texas. Md.

18. Funeral director: Landon Brooks

Address: Sparks Maryland

19. 3/8 1950 (Date rec'd by registrar) W. J. Whitcomb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1950, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/30 1944, to 3/7 1950 and that I last saw him alive on 3/6 1950

Immediate cause of death	DURATION
Coronary Thrombosis	6 hrs
Due to Arteriosclerosis	
Due to Senility	
Other conditions: Myocarditis	1 yr.

420.1
93d

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D. M.D. or other

Address: Cockeysville Md. Date signed 3/8/50.

866 VV

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 13 1950
BUREAU V. S.

02578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton R.D.2 Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore Co. Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Lindsay (Last) Wilson.
4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH May 5, 1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm
11. BIRTHPLACE (State or foreign country) Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cornelius Wilson
14. MOTHER'S MAIDEN NAME Eliza Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hilda Wilson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dead on arrival

(c)

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1950, to 3/15, 1950, that I last saw the deceased alive on Dead on arrival, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 3/16/50

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF March 17, 1950
NAME OF CEMETERY OR CREMATORY Bayville E.U.B.
LOCATION (City, town, or county) Bayville (State) Md.

DATE REC'D BY LOCAL REG. March. 20, 1950
REGISTRAR'S SIGNATURE Chester R. Fulton
24. FUNERAL DIRECTOR J. Jacob Carlenstein ADDRESS New Freedom, Pa.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1950
U.S. PATENT OFFICE

BIRTH NO.

CERTIFICATE OF DEATH

Registered No. 02579

1. NAME OF DECEASED (Type or Print): Frederick C. Tritle

2. DATE OF DEATH: Mar 18-1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Nursing Home

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1010 Briscoe St. ✓

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	White	Widowed	Oct 17-1866	83		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Cigar Maker

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Margaret O'Loughlin ADDRESS: Garland - 5404

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

331 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

330.1

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral hemorrhage — 3 days

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 13, 1950 *to* March 18, 1950, *that I last saw the deceased alive on* March 16, 1950 *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Stephen Lee Magness M. D.	Catonsville 28, Md	3-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/21/50	Cedar Hill	Balto Md 49679

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3/20/50	A. W. Hedrick	L. J. Luck - 5305	Harford Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legi

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02580

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore. 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2859 Lodge Farm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Orange.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) DOUGLAS (Middle) ANDREW (Last) WOOLFREY

4. DATE OF DEATH (Month) Mar. (Day) 18 (Year) 1950

5. SEX Male.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 8. 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber worker
10b. KIND OF BUSINESS OR INDUSTRY Woodwork
11. BIRTHPLACE (State or foreign country) Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Strather Woolfrey
14. MOTHER'S MAIDEN NAME Minerva Jane Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Edward Woolfrey (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia.	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho pneumonia.	1 week.
	(c) Hypertensive Cardio Vascular Disease	1 year

443x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1950, to Mar. 18, 1950, that I last saw the deceased alive on Mar. 17, 1950, and that death occurred at 3:40A m., from the causes and on the date stated above.

SIGNATURE Louis N. Pollin. (Degree or title) M.D. ADDRESS 6908 N. Point Rd. Balto. 19 - Md DATE SIGNED 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 20, 1950
NAME OF CEMETERY OR CREMATORY [redacted] Cemetery
LOCATION (City, town, or county) [redacted] Co. (State) Va.

DATE REC'D BY LOCAL REG. Mar. 18-50
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR Roland. L. Fisher, Dundalk, Md. ADDRESS

49609

RECEIVED
MAR 20 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02581

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rev. C. Fitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) May (Last) Yingling

4. DATE OF DEATH: (Month) Mar. (Day) 28 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Feb. 6 1866 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress | 10b. KIND OF BUSINESS OR INDUSTRY: Self Employed Dressmaker | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Yingling | 14. MOTHER'S MAIDEN NAME: Mary M. Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: C. E. Bankert Union Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 x Immediate cause (a) Myocardial Failure — Interval between onset and death: 2 wks.

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arterio Sclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): O | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6 1950 to Mar 28 1950, that I last saw the deceased alive on Mar 28, 1950, and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. Howell | ADDRESS Catonsville | DATE SIGNED 3-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE March 31-1950 | NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | LOCATION (City, town, or county) Silver Run, (State) Md.

DATE REC'D BY LOCAL REG. 3-30-50 | REGISTRAR'S SIGNATURE V. E. Harvey | 24. FUNERAL DIRECTOR C. E. Bankert Son Westminster, Md. | ADDRESS

43406

VS. A15

RECEIVED
APR 3 1950
BUREAU V. S.

02582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SCHMIDT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Schmidt Road.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) YORK (Last)

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1950 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) D
8. DATE OF BIRTH ~~3/1/81~~ 3-1-81
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY? R.W. Steinberg
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME GEO. YORK
14. MOTHER'S MAIDEN NAME ELIZABETH CARBACK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS LASSAHN, funeral director

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIO-SCLEROTIC-CARDIO-VASCULAR DISEASE	5 yrs (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE M B Davis MD (Degree or title) ADDRESS Dept Med Exam - Dundalk - 22 DATE SIGNED 4/13/50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 3/25/50
NAME OF CEMETERY OR CREMATORY EBENEZER M E CEM
LOCATION (City, town, or county) (State) BALTIMORE COUNTY MD.

DATE REC'D BY LOCAL REG. 4-18-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR LASSAHN, Belair road 7401 ADDRESS

60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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02583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X5

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX - RURAL BALTIMORE — LENGTH OF STAY (in this place): -10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 512 Riverside Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex - Rural Balto.
STREET ADDRESS (If rural, give location): 512 Riverside Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HENRY CLAY ZIMMERMAN

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 3, 1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: leather goods store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Zimmerman
14. MOTHER'S MAIDEN NAME: Elizabeth Garth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-2441
17. INFORMANT: 512 Riverside Dr.-Essex, Md Mrs. Ethel May Zimmerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	2 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemic Myocarditis	3 yrs
	(c) Arterio-sclerotic Cardio-vascular disease	unknown

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to March 13, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 6:15A m., from the causes and on the date stated above.

SIGNATURE: Joseph Nicole (Degree or title) MD — ADDRESS: 422 Eastern Ave Baltimore 21, Md — DATE SIGNED: 3/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment — DATE: 3/16/50 — NAME OF CEMETERY OR CREMATORY: Lonaine Mausoleum — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3-15-50 — REGISTRAR'S SIGNATURE: A. W. Hedrick alb

24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

290 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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